## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT#	M05000000356
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1. Entity Name

WOODMEN SENIOR HEALTH DIVISON, LLC



Principal Place of Business

Mailing Address

2536 COUNTRYSIDE BLVD 6TH FL CLEARWATER, FL 33763 2536 COUNTRYSIDE BLVD 6TH FL CLEARWATER, FL 33763



02092007 No Chg-LLC

CR2E083 (11/05)

726.0726

4. FEI Number		Applied For
20-1958486	 	Not Applicable
E. Cartificate of Status Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

NORTH, HEATHER L 2536 COUNTRYSIDE BLVD 6TH FL CLEARWATER, FL 33763

SIGNATURE:

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SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	OATE
	iling Fee is \$50.00 ue by May 1, 2007	U 04/2	00000706106 4/07-80021-003_50.00_
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NATIONAL DEVELOPMENT SERVICES, LLC 2536 COUNTRYSIDE BLVD 6TH FL CLEARWATER, FL 33763		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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