

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000000356

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** WOODMEN SENIOR HEALTH DIVISON, LLC

**Current Principal Place of Business:**

2536 COUNTRYSIDE BLVD 6TH FL  
CLEARWATER, FL 33763

**New Principal Place of Business:**

2536 COUNTRYSIDE BLVD  
SUITE 501  
CLEARWATER, FL 33763

**Current Mailing Address:**

2536 COUNTRYSIDE BLVD 6TH FL  
CLEARWATER, FL 33763

**New Mailing Address:**

2536 COUNTRYSIDE BLVD  
SUITE 501  
CLEARWATER, FL 33763

**FEI Number:** 20-1958486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HIGHTOWER, R NATHAN ESQ  
2536 COUNTRYSIDE BLVD 6TH FL  
CLEARWATER, FL 33763 US

**Name and Address of New Registered Agent:**

HIGHTOWER, R NATHAN ESQ  
2536 COUNTRYSIDE BLVD  
SUITE 501  
CLEARWATER, FL 33763 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: R NATHAN HIGHTOWER ESQ

01/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: AL MARKETING, LLC  
Address: 2536 COUNTRYSIDE BLVD STE 501  
City-St-Zip: CLEARWATER, FL 33763

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AL MARKETING LLC

MGR

01/19/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date