

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003445

FILED
Jan 03, 2008
Secretary of State

Entity Name: HEALTHTRAN, LLC

Current Principal Place of Business:

8300 E MAPLEWOOD AVE., SUITE 100
GREENWOOD VILLAGE, CA 80111

New Principal Place of Business:

Current Mailing Address:

8300 E MAPLEWOOD AVE., SUITE 100
GREENWOOD VILLAGE, CA 80111

New Mailing Address:

FEI Number: 20-4467352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCCLUNG, JACK
Address: 8300 E MAPLEWOOD AVE., SUITE 100
City-St-Zip: GREENWOOD VILLAGE, CA 80111

Title: MGR () Delete
Name: HUTCHISON, LOUIS
Address: 8300 E MAPLEWOOD AVE., SUITE 100
City-St-Zip: GREENWOOD VILLAGE, CA 80111

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCCLURG, JACK
Address: 8300 E MAPLEWOOD AVE., SUITE 100
City-St-Zip: GREENWOOD VILLAGE, CA 80111

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WENDY CLOE

LC

01/03/2008

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