# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 16, 2009**
**Secretary of State**

DOCUMENT# M07000003445

**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:**

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

**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: | MCCLURG, 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: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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 COOR 01/16/2009

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