

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000003445

Entity Name: HEALTHTRAN, LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-4467352      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**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  
Name: MCCLURG, JACK  
Address: 8300 E MAPLEWOOD AVE., SUITE 100  
City-St-Zip: GREENWOOD VILLAGE, CA 80111

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

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: JACK MCCLURG

MGR

01/05/2010

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