

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005115

**Entity Name:** ARCADIAN SENIOR HEALTH DIVISION, LLC

**Current Principal Place of Business:**

2650 MCCORMICK DR  
STE 200S  
CLEARWATER, FL 33759

**Current Mailing Address:**

2650 MCCORMICK DR  
STE 200S  
CLEARWATER, FL 33759 US

**FEI Number:** 20-5476572

**Certificate of Status Desired:** No

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

HIGHTOWER, NATHAN RESQ.  
2650 MCCORMICK DR  
STE 200S  
CLEARWATER, FL 33759 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name AL TPA, LLC  
Address 2650 MCCORMICK DR  
STE 200S  
City-State-Zip: CLEARWATER FL 33759

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GIDEON MOORE

SECRETARY AL TPA LLC 03/21/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date