2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006448

Entity Name: TAKE CARE HEALTH SYSTEMS, LLC

FILED Mar 24, 2009 Secretary of State

EIGHT TOWER BRIDGE 161 WASHINGTON STREET, SUITE 1400 CONSHOHOCKEN, PA 19428

Current Mailing Address: New Mailing Address:

EIGHT TOWER BRIDGE 161 WASHINGTON STREET, SUITE 1400 CONSHOHOCKEN, PA 19428

FEI Number: 75-3172698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: SEC () Delete Title: MGRM (X) Change () Addition Name: ROSENBLUTH, HAL F Name: TAKE CARE HEALTH SYS, TEMS INC Address: 161 WASHINGTON STREET Address: 161 WASHINGTON STREET City-St-Zip: CONSHOHOCKEN, PA 19428

Title: CEO (X) Delete Title: () Change () Addition

 Name:
 MILLER, PETER K
 Name:

 Address:
 161 WASHINGTON STREET
 Address:

 City-St-Zip:
 CONSHOHOCKEN, PA 19428
 City-St-Zip:

Title: CFO (X) Delete Title: () Change () Addition

Name:PETRICK, JEFFREY JName:Address:161 WASHINGTON STREETAddress:City-St-Zip:CONSHOHOCKEN, PA 19428City-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: JEFFREY J PETRICK VP 03/24/2009