

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006448

**FILED
Jan 08, 2010
Secretary of State**

Entity Name: TAKE CARE HEALTH SYSTEMS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM
Name: TAKE CARE HEALTH SYSTEMS INC
Address: 161 WASHINGTON STREET
City-St-Zip: CONSHOHOCKEN, PA 19428

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: JEFFREY J. PETRICK VP 01/08/2010

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