

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006448

Entity Name: TAKE CARE HEALTH SYSTEMS, LLC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 75-3172698

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MGRM
Name TAKE CARE HEALTH SYSTEMS INC
Address 161 WASHINGTON STREET
City-State-Zip: CONSHOHOCKEN PA 19428

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: MICHAEL FELISH _____

AUTHORIZED PERSON

04/27/2014

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date