

**2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFREY J. PETRICK

VICE-PRESIDENT

03/27/2013

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

\_\_\_\_\_  
Date