

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056178

FILED
Feb 09, 2005
Secretary of State

Entity Name: ARRAY HEALTHCARE FACILITIES SOLUTIONS, LLC

Current Principal Place of Business:

625 NORTH FLALGER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 33401

New Principal Place of Business:

319 CLEMATIS STREET
SUITE 405
WEST PALM BEACH, FL 33401

Current Mailing Address:

625 NORTH FLALGER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 33401

New Mailing Address:

2520 RENAISSANCE BLVD.
SUITE 110
KING OF PRUSSIA, PA 19406

FEI Number: 20-1420338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCH, FRANCIS X.J. ESQ.
625 NORTH FLALGER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 33401 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/MEMBERS:

Title: MGRM () Delete
Name: KUKLA, JAMES P
Address: 625 NORTH FLALGER DRIVE, 9TH FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KUKLA, JAMES P
Address: 319 CLEMATIS STREET
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES KUKLA

MGRM

02/09/2005

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