2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

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Entity Name: ARRAY HEALTHCARE FACILITIES SOLUTIONS, LLC

Current Principal Place of Business:

6800 BROKEN SOUND PKWY NW
BOCA RATON, FL 334872788

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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/MANAGERS:

Title: MGRM ( ) Delete
Name: TAUDIEN, MARK D
Address: 6800 BROKEN SOUND PKWY NW
City-St-Zip: BOCA RATON, FL 334872788

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-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: MARK TAUDIEN MM 01/13/2009

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