

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000056178

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**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  
**Name:** TAUDIEN, MARK D  
**Address:** 6800 BROKEN SOUND PKWY NW  
**City-St-Zip:** BOCA RATON, FL 334872788

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: CARL J DAVIS

MEM

01/05/2010

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