2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000002223

1. Entity Name
MISYS PHYSICIAN SYSTEMS, LLC

Principal Place of Business	Mailing Address
8529 SIX FORKS RD. RALEIGH, NC 27615	8529 SIX FORKS RD. RALEIGH, NC 27615

01162006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1306083
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

U00000412032
02/10/06-80031-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KILL, ROB PRES
STREET ADDRESS	8529 SIX FORKS ROAD
CITY-ST-ZIP	RALEIGH, NC 27613
TITLE	MGR
NAME	FETH, BETTY DIR
STREET ADDRESS	8529 SIX FORKS RD
CITY-ST-ZIP	RALEIGH, NC 27615
TITLE	MGR
NAME	TWIDDY, KATHY F SEC
STREET ADDRESS	8529 SIX FORKS RD
CITY-ST-ZIP	RALEIGH, NC 27615
TITLE	MGR
NAME	SKELTON, THOMAS K JR
STREET ADDRESS	8529 SIX FORKS RD
CITY-ST-ZIP	RALEIGH, NC 27615
TITLE	MGR
NAME	LAMBERT, CHARLES
STREET ADDRESS	8529 SIX FORKS RD
CITY-ST-ZIP	RALEIGH, NC 27615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Kathryn F Twiddy, Secretary 1/20/06 9193291890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #