

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000002223

Entity Name: ALLSCRIPTSMISYS, LLC

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8529 SIX FORKS RD  
RALEIGH, NC 27615

**New Principal Place of Business:**

**Current Mailing Address:**

8529 SIX FORKS RD  
TAX DEPT.  
RALEIGH, NC 27615

**New Mailing Address:**

FEI Number: 56-1306083

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: GD  
Name: DAVENPORT, VERN  
Address: 8529 SIX FORKS ROAD  
City-St-Zip: RALEIGH, NC 27615

Title: MGR  
Name: SCARBORO, RON  
Address: 8529 SIX FORKS ROAD  
City-St-Zip: RALEIGH, NC 27615

Title: VP  
Name: BAKER, LISA D  
Address: 8529 SIX FORKS ROAD  
City-St-Zip: RALEIGH, NC 27615 US

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: LISA D. BAKER

VP

06/17/2010

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