

2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M00000002223

FILED
Jun 10, 2011
Secretary of State**Entity Name:** ALLSCRIPTS HEALTHCARE, LLC**Current Principal Place of Business:**8529 SIX FORKS RD
RALEIGH, NC 27615**New Principal Place of Business:****Current Mailing Address:**222 MERCHANDISE MART PLAZA
2024
CHICAGO, IL 60654**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:**NATIONAL REGISTERED AGENTS, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**NRAI SERVICES, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

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: JOSE CASTELLANOS

06/10/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SHAPIRO, LEE
Address: 222 MERCHANDISE MART PLAZA, STE 2024
City-St-Zip: CHICAGO, IL 60654

Title: MGR
Name: WILLIAM, DAVIS
Address: 222 MERCHANDISE MART PLAZA, STE 2024
City-St-Zip: CHICAGO, IL 60654

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: LEE SHAPIRO

MGR

06/10/2011

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