

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000007090

Entity Name: ARGOSY HEALTH, LLC

FILED
Apr 06, 2011
Secretary of State

Current Principal Place of Business:

4714 GETTYSBURG ROAD
MECHANICSBURG, PA 17055

New Principal Place of Business:

Current Mailing Address:

4714 GETTYSBURG ROAD
LEGAL
MECHANICSBURG, PA 17055

New Mailing Address:

FEI Number: 04-3436823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CCEO
Name: ORTENZIO, ROCCO A
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: P
Name: ORTENZIO, ROBERT A
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: VPS
Name: TARVIN, MICHAEL E
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: VPTS
Name: ROMBERGER, SCOTT A
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: VPAS
Name: MOORE, KENNETH L
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: VPAS
Name: JACKSON, MARTIN F
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

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: MICHAEL E. TARVIN

VP S

04/06/2011

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