No. <b>C 155324</b>		Due no later than Jun 30, 2008	Registered Agent and Address (NO PO BOX)  CORPROATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702				
Return to:		Annual Report Form					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.					
		HCFS HEALTH CARE FINANCIAL SERVICES, INC. JOHN R. STAIR 1900 WINSTON RD STE 300	3. New Registered Agent Signature:*				
		KNOXVILLE TN 37919					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter N	Names and Busin	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY JOHN STAIR		R 1900 WINSTON ROAD SUITE 300	KNOXVILLE	TN	USA	37919	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
FL C 155324		Signature: John Stair	Date: 06/06/2008				
		Name (type or print): John Stair	Title: Secretary				
Processed 06/06/2008	* Electronically provided signatures are accepted as original signatures.						