No. <b>C 155324</b>		Due no later than Jun 30, 2010	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.  HCFS HEALTH CARE FINANCIAL SERVICES, INC. JOHN R. STAIR 265 BROOKVIEW CENTRE WAY SUITE 400, ATTN: LEGAL KNOXVILLE TN 37919	CORPROATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702  3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held SECRETARY	Name JOHN STAIR	Street or PO Address  265 BROOKVIEW CENTRE WAY SUITE  400, ATTN: LEGAL	City KNOXVILLE	State TN	Country USA	Postal Code 37919
5. Organized Under	the Laws of:	6. Annual Report must be signed.*				
FL C 155324		Signature: John Stair Name (type or print): John Stair	Date: 06/16/2010 Title: Secretary			
Processed 06/16/20:	10	* Electronically provided signatures are accepted as original sign	natures.			