

No. <b>C 155324</b>		<b>Due no later than Jun 30, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )		
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  HCFS HEALTH CARE FINANCIAL SERVICES, INC. KELLY GREANEY 265 BROOKVIEW CENTRE WAY SUITE 400, ATTN: LEGAL KNOXVILLE TN 37919		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	JOHN STAIR	265 BROOKVIEW CENTRE WAY SUITE 400, ATTN: LEGAL	KNOXVILLE	TN	USA	37919
VICE PRESIDENT	TONY VETRANO	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919
TREASURER	DAVID JONES	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919
DIRECTOR	HEIDI S ALLEN	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919
DIRECTOR	JOSEPH B CARMAN	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919
PRESIDENT	JOSEPH B CARMAN	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919
5. Organized Under the Laws of:  <b>FL C 155324</b>		6. Annual Report must be signed.*  Signature: John Stair Name (type or print): John Stair  Date: 06/05/2013 Title: Secretary				
Processed 06/05/2013 * Electronically provided signatures are accepted as original signatures.						