


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90753 032 ***150.00

DOCUMENT # F00000007057 1. Entity Name AHA FINANCIAL SOLUTIONS, INC.					
Principal Place of Business ONE NORTH FRANKLIN CHICAGO, IL 60606			Mailing Address ONE NORTH FRANKLIN CHICAGO, IL 60606		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 36-3076454	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKE, ANTHONY J ONE NORTH FRANKLIN ST., 30TH FL CHICAGO, IL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(See attached) <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPOHN, ANTHONY ONE NORTH FRANKLIN ST., 30TH FL CHICAGO, IL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEIN, JOHN R ONE NORTH FRANKLIN ST., 30TH FL CHICAGO, IL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDERSON, JAMES ONE NORTH FRANKLIN CHICAGO, IL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVANS, R. JOHN ONE NORTH FRANKLIN CHICAGO, IL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CLARKE, RICHARD L TWO WESTBROOK CORPORATE CTR STE 700 WESTCHESTER, IL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ 4/20/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment
54049869
#F00000007057

AHA FINANCIAL SOLUTIONS, INC.

Officers and Directors

2004

<u>Name</u>	<u>Title</u>	<u>Address</u>
Anthony J. Burke	President, Director	AHA Financial Solutions, Inc. One North Franklin, 30 th Floor Chicago, IL 60606-3421
Joseph A. Parker	Chairman of the Board	GHA 1675 Terrell Mill Road Marietta, GA 30067
Reginald M. Ballantyne III	Director	Vanguard Health Systems, Inc. 7878 North 16 th Street Suite 250-West Lobby Phoenix, AZ 85020
John P. Glaser	Director	Partners Health Care System 800 Boylston Street, Suite 1150 Boston, MA 02199-8001
Cheryl A. Harmon	Director	Provena Covenant Medical Center 1400 W. Park Street Urbana, IL 61801
Neil J. Jesuele	Director	American Hospital Association One North Franklin, 29 th Floor Chicago, IL 60606-3421
Paula E. Anthony	Director	ETMC Regional Healthcare System 1000 S. Beckham Tyler, TX 75701
James A. Henderson	Secretary	American Hospital Association One North Franklin, 28 th Floor Chicago, IL 60606-3421
Richard J. Evans	Treasurer	American Hospital Association One North Franklin, 28 th Floor Chicago, IL 60606-3421
Anna M. Kucera	Assistant Treasurer	American Hospital Association One North Franklin, 28 th Floor Chicago, IL 60606-3421