

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90007 031 \*\*\*550.00

20059220



<b>DOCUMENT # F00000007057</b> 1. Entity Name <b>AHA FINANCIAL SOLUTIONS, INC.</b>					
Principal Place of Business <b>ONE NORTH FRANKLIN CHICAGO, IL 60606</b>			Mailing Address <b>ONE NORTH FRANKLIN CHICAGO, IL 60606</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>36-3076454</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P BURKE, ANTHONY J ONE NORTH FRANKLIN ST., 30TH FL CHICAGO, IL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 2em; font-family: cursive;">( see Attached )</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SPOHN, ANTHONY ONE NORTH FRANKLIN ST., 30TH FL CHICAGO, IL</b> <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	<b>V STEIN, JOHN R ONE NORTH FRANKLIN ST., 30TH FL CHICAGO, IL</b> <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	<b>S HENDERSON, JAMES ONE NORTH FRANKLIN CHICAGO, IL</b> <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	<b>T EVANS, R. JOHN ONE NORTH FRANKLIN CHICAGO, IL</b> <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	<b>PD BURKE, ANTHONY J ONE NORTH FRANKLIN, 30TH FLOOR CHICAGO, IL 60606</b> <input 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.					
<b>SIGNATURE:</b>			<b>5/16/05</b> Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT 20059220  
# F00000007057

**AHA Financial Solutions, Inc.**  
**Board of Directors**  
**2005**

**Paula E. Anthony**  
VP- Information Technology  
ETMC Regional Healthcare System  
1000 S. Beckham  
Tyler, TX 75701

**Cheryl Harmon**  
CFO  
Provena Covenant Medical Center  
1400 W. Park St.  
Urbana, IL 61801

**Anthony J. Burke**  
President and CEO  
AHA Financial Solutions, Inc.  
One North Franklin  
Chicago, IL 60606

**Neil J. Jesuele**  
Executive Vice President  
American Hospital Association  
One North Franklin, 29th Floor  
Chicago, IL 60606

**John P. Glaser**  
Vice President and CEO  
Partners HealthCare System  
800 Boylston St., Suite 1150  
Boston, MA 02199-8001

**Joe Parker**  
President and CEO  
Georgia Hospital Association  
1675 Terrell Mill Rd.  
Marietta, GA 30067