

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007484

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: HOSPITAL SHARED SERVICES, INC.

## Current Principal Place of Business:

1395 SOUTH PLATTE RIVER DRIVE  
DENVER, CO 80223

## New Principal Place of Business:

## Current Mailing Address:

1395 SOUTH PLATTE RIVER DRIVE  
DENVER, CO 80223

## New Mailing Address:

FEI Number: 84-1098613

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCHIEL, GEORGE R  
Address: 1395 SOUTH PLATTE RIVER DRIVE  
City-St-Zip: DENVER, CO 80223

Title: V ( ) Delete  
Name: SCHELL, WAYNE  
Address: 1395 SOUTH PLATTE RIVER DRIVE  
City-St-Zip: DENVER, CO 80223

Title: V ( ) Delete  
Name: HARRIS, ROBERT  
Address: POST OFFICE BOX 6508 #F-449  
City-St-Zip: AURORA, CO 800450508

Title: COO ( ) Delete  
Name: FARRELL, MIKE  
Address: 1056 EAST 19TH AVENUE  
City-St-Zip: DENVER, CO 80218

Title: COO ( ) Delete  
Name: THOMAS, STEPHANIE  
Address: 777 BANNOCK STREET  
City-St-Zip: DENVER, CO 802044507

Title: COO ( ) Delete  
Name: HANSEN, DENNIS  
Address: 7700 SOUTH BROADWAY  
City-St-Zip: LITTLETON, CO 801222628

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE R SCHIEL

P

04/19/2007

Electronic Signature of Signing Officer or Director

Date