2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007484

Entity Name: HOSPITAL SHARED SERVICES, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1395 SOUTH PLATTE RIVER DRIVE DENVER, CO 80223				900 S BROADWAY 100 DENVER, CO 802094010 US		
Current Mailing Address:				New Mailing Address:		
1395 SOUTH PLATTE RIVER DRIVE DENVER, CO 80223				900 S BROADWAY 100 DENVER, CO 802094010 US		
FEI Number:	: 84-1098613	FEI Number Applied For ()	FEI Nun	nber Not Appl	plicable () Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:		Name and	d Address of New Registered Agent:	
2731 EXEC SUITE 4 WESTON, The above	EVICES, INC. CUTIVE PARK FL 33331 US named entity e of Florida	3	urpose o	of changing i	its registered office or registered agent, or both,	
SIGNATUR						
0.0		nic Signature of Registered Age	nt		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	SCHIEL, GEOF	LATTE RIVER DRIVE		Title: Name: Address: City-St-Zip:	P (X) Change () Addition SCHIEL, GEORGE R 900 S BROADWAY, SUITE 100 DENVER, CO 80209 US	
Title: Name: Address: City-St-Zip:	SCHELL, WAY	LATTE RIVER DRIVE		Title: Name: Address: City-St-Zip:	V (X) Change () Addition SCHELL, WAYNE 900 S BROADWAY, SUITE 100 DENVER, CO 80209 US	
Title: Name: Address: City-St-Zip:	HARRIS, ROBE	BOX 6508 #F-449		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COO (FARRELL, MIK 1056 EAST 19 DENVER, CO	TH AVENUE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COO (THOMAS, STE 777 BANNOCK DENVER, CO	STREET		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COO (HANSEN, DEN 7700 SOUTH E LITTLETON, C	ROADWAY		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 PRES 04/24/2008