2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007484

Entity Name: HOSPITAL SHARED SERVICES, INC.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
900 S BRO 100 DENVER, C	ADWAY CO 802094010	US			
Current Mailing Address:			New Mailing Address:		
900 S BROADWAY 100 DENVER, CO 802094010 US					
FEI Number:	84-1098613	FEI Number Applied For () FEI Num	nber Not Applic	able ()	Certificate of Status Desired ()
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of Ne	ew Registered Agent:
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,					
in the State		omits this statement for the purpose o	r changing its	s registered on	ice or registered agent, or both,
SIGNATURE:					
	Electronic	Signature of Registered Agent			Date
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () D SCHIEL, GEORGI 900 S BROADWA DENVER, CO 802	E R Y, SUITE 100	Title: Name: Address: City-St-Zip:	() (Change () Addition
Title: Name: Address: City-St-Zip:	V () D SCHELL, WAYNE 900 S BROADWA DENVER, CO 803	: Y, SUITE 100	Title: Name: Address: City-St-Zip:	() (Change () Addition
Title: Name: Address: City-St-Zip:	V () D HARRIS, ROBER POST OFFICE BO AURORA, CO 800	Т DX 6508 # F-449	Title: Name: Address: City-St-Zip:	RATKIEWICZ, M	DADWAY, SUITE 100
Title: Name: Address: City-St-Zip:	COO () D FARRELL, MIKE 1056 EAST 19TH DENVER, CO 803	AVENUE	Title: Name: Address: City-St-Zip:	COO (X) THOMAS, STEPH 777 BANNOCK S DENVER, CO 80	STREET
Title: Name: Address: City-St-Zip:	COO () D THOMAS, STEPH 777 BANNOCK ST DENVER, CO 803	ANIE TREET	Title: Name: Address: City-St-Zip:	COO (X) SAMMONS, CRA 10101 RADGE G LONE TREE, CO	SATE PARKWAY
Title: Name: Address: City-St-Zip:	COO (X) D HANSEN, DENNIS 7700 SOUTH BRO LITTLETON, CO	DADWAY	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: TIM STONES CONT 03/20/2009