2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State
02-15-2008 90008 043 ***150.00

DOCUMENT # F07000006337

1. Entity Name
HOSPITAL CLINICAL SERVICES GROUP, INC.

40025827

Principal Place of Business	Mailing Address
3100 WEST END AVENUE SUITE 150 NASHVILLE, TN 37203	3100 WEST END AVENUE SUITE 150 NASHVILLE, TN 37203

01232008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-8825842 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD CRUTCHFIELD, SUSAN L 3100 WEST END AVENUE #150 NASHVILLE, TN 37203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Crutchfield, Susan L. 3100 West End Avenue, Suite 150 Nashville, TN 37203	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LORDEMAN, JAMES C 3100 WEST END AVENUE #150 NASHVILLE, TN 37203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Griffin, Christi D. 3100 West End Avenue, Suite 150 Nashville, TN 37203	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRIFFIN, CHRISTI D 3100 WEST END AVENUE #150 NASHVILLE, TN 37203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Jaebker, Clifford A. 3100 West End Avenue, Suite 150 Nashville, TN 37203	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JAEBKER, CLIFFORD A 3100 WEST END AVENUE #150 NASHVILLE, TN 37203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Brukardt, Gary A. 3100 West End Avenue, Suite 150 Nashville, TN 37203	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Holst, David W. 3100 West End Avenue, Suite 150 Nashville, TN 37203	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Maddux, Franklin W. 3100 West End Avenue, Suite 150 Nashville, TN 37203	☐ Change ■ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Christi D. Griffin, Secretary 01/23/08 615-345-5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

	Name	Title	Business Address
Addition	David M. Maloney	D	3100 West End Avenue, Suite 150 Nashville, TN 37203
Addition	C. Courtney Vanderveer	D	3100 West End Avenue, Suite 150 Nashville, TN 37203
Addition	Ben J. Lipps	D	920 Winter Street Waltham, MA 02451

ATTACHMENT
4002582
#F07000633