

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001052

FILED
Mar 15, 2011
Secretary of State

Entity Name: HPS HOSPITAL PURCHASING SERVICE, LLC

Current Principal Place of Business:

3275 N.M. 37 HIGHWAY
MIDDLEVILLE, MI 49333

New Principal Place of Business:

Current Mailing Address:

3275 N.M. 37 HIGHWAY
MIDDLEVILLE, MI 49333

New Mailing Address:

FEI Number: 61-1590801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: CAWLEY, KEVIN
Address: 301 N. MAIN STREET
City-St-Zip: SHERIDAN, MI 488840279

Title: MGR
Name: CEGLAREK, NICK
Address: 3886 VAN BUREN
City-St-Zip: HUDSONVILLE, MI 49426

Title: MGR
Name: EASTON, GARY
Address: 1455 SUNCREST DRIVE
City-St-Zip: LAPEER, MI 48446

Title: MGR
Name: ENGLESMA, JEFF
Address: 3340 HOSPITAL ROAD
City-St-Zip: SAGINAW, MI 48608

Title: MGR
Name: GASCHO, DWIGHT
Address: 170 N. CASEVILLE ROAD
City-St-Zip: PIGEON, MI 48755

Title: MGR
Name: HENRIKSEN, GARY
Address: 6215 W. ST. JOSEPH HIGHWAY
City-St-Zip: LANSING, MI 48917

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS J. LAPRES

COO

03/15/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date