

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00018

FILED
Apr 23, 2009
Secretary of State

Entity Name: HEALTHCARE SERVICES GROUP, INC.

Current Principal Place of Business:

GLENVIEW CORPORATE CENTER
3220 TILLMAN DRIVE, SUITE 300
BENSALEM, PA 19020

New Principal Place of Business:

Current Mailing Address:

GLENVIEW CORPORATE CENTER
3220 TILLMAN DRIVE, SUITE 300
BENSALEM, PA 19020

New Mailing Address:

FEI Number: 23-2018365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: C () Delete
Name: MCCARTNEY, DANIEL P CEO
Address: 3220 TILLMAN DRIVE STE 300
City-St-Zip: BENSALEM, PA 19020

Title: CFO () Delete
Name: HUDSON, RICHARD W CFO
Address: 3220 TILLMAN DR STE 300
City-St-Zip: BENSALEM, PA 19020

Title: DIR () Delete
Name: MCCARTNEY, JOSEPH F DIR
Address: 3220 TILLMAN DR STE 300
City-St-Zip: BENSALEM, PA 19020

Title: PD () Delete
Name: COOK, THOMAS A PRES
Address: 3220 TILLMAN DR STE 300
City-St-Zip: BENSALEM, PA 19020

Title: D () Delete
Name: BRIGGS, JOHN M DIR
Address: 3220 TILLMAN DR STE 300
City-St-Zip: BENSALEM, PA 19020

Title: D () Delete
Name: BARTON, WEISMAN D DIR
Address: 3220 TILLMAN DR STE 300
City-St-Zip: BENSALEM, PA 19020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MCCARTNEY, DANIEL P CEO
Address: 3220 TILLMAN DRIVE STE 300
City-St-Zip: BENSALEM, PA 19020

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

Title: () Change () Addition
Name:
Address:
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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 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: RICHARD W HUDSON

CFO

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date