

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00018

FILED  
Mar 22, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RICHARD W. HUDSON

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03/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date