


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90008 042 ***150.00

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| DOCUMENT # P13596 |  |
| 1. Entity Name - HCSG CARDIOVASCULAR RESOURCES, INC. | |

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| Principal Place of Business 920 WINTER STREET WALTHAM, MA 02451 | Mailing Address 920 WINTER STREET WALTHAM, MA 02451 |
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|--|--|
| 2. Principal Place of Business - No P.O. Box # 3100 West End Avenue | 3. Mailing Address 3100 West End Avenue |
| Suite, Apt. #, etc. Suite 150 | Suite, Apt. #, etc. Suite 150 |
| City & State Nashville, TN | City & State Nashville, TN |
| Zip 37203 | Country USA |



02062008 Chg-P CR2E034 (12/06)

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|---|---------------------------------------|
| 4. FEI Number 25-1228645 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 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 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P- MAASKE, ERIC 920 WINTER STREET WALTHAM, MA 02451 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Susan L. Crutchfield 3100 West End Avenue, Suite 150 Nashville, TN 37203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POWELL, RICE 920 WINTER STREET WALTHAM, MA 02451 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V James C. Lordeman 3100 West End Avenue, Suite 150 Nashville, TN 37203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KOTT, DOUGLAS 920 WINTER STREET WALTHAM, MA 02451 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Clifford A. Jaebker 3100 West End Avenue, Suite 150 Nashville, TN 37203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Christi D. Griffin 3100 West End Avenue, Suite 150 Nashville, TN 37203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Gary A. Brukart 3100 West End Avenue, Suite 150 Nashville, TN 37203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D David W. Holst 3100 West End Avenue, Suite 150 Nashville, TN 37203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 02/06/08 615-345-5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

| <u>Name</u> | <u>Title</u> | <u>Business Address</u> |
|---------------------------------|--------------|---|
| Addition James C. Lordeman | D | 3100 West End Avenue, Suite 150 Nashville, TN 37203 |
| Addition Franklin W. Maddux | D | 3100 West End Avenue, Suite 150 Nashville, TN 37203 |
| 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
40025828

#P13596