

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000091667

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: HCFS HEALTH CARE FINANCIAL SERVICES, INC,

## Current Principal Place of Business:

1900 WINSTON RD  
SUITE 300  
KNOXVILLE, TN 37919

## New Principal Place of Business:

1900 WINSTON RD, SUITE 300  
ATTN: LEGAL  
KNOXVILLE, TN 37919

## Current Mailing Address:

1801 N.W. 66TH AVE.  
SUITE 200C  
PLANTATION, FL 33313

## New Mailing Address:

1900 WINSTON ROAD, SUITE 300  
ATTN: LEGAL  
KNOXVILLE, TN 37919

FEI Number: 65-0622847

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 323012525 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: VPAS ( ) Delete  
Name: GOLDFELD, ARON  
Address: 100 NW 70TH AVE  
City-St-Zip: PLANTATION, FL 33317

Title: AS ( ) Delete  
Name: STAIR, JOHN R  
Address: 1900 WINSTON RD, SUITE 300  
City-St-Zip: KNOXVILLE, TN 37919

Title: VD ( ) Delete  
Name: MASSINGALE, H. LYNN  
Address: 1900 WINSTON ROAD, SUITE 300  
City-St-Zip: KNOXVILLE, TN 37919

Title: VT ( ) Delete  
Name: JONES, DAVID  
Address: 1900 WINSTON RD STE 300  
City-St-Zip: KNOXVILLE, TN 37919

Title: DPT ( ) Delete  
Name: JOSEPH, CARMAN  
Address: 1900 WINSTON RD, SUITE 300  
City-St-Zip: KNOXVILLE, TN 37919

Title: DVPS ( ) Delete  
Name: JOYNER, ROBERT  
Address: 1900 WINSTON RD, SUITE 300  
City-St-Zip: KNOXVILLE, TN 37919

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: DVPS (X) Change ( ) Addition  
Name: ALLEN, HEIDI S  
Address: 1900 WINSTON RD, SUITE 300  
City-St-Zip: KNOXVILLE, TN 37919

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: JOHN STAIR

AS

04/14/2009

Electronic Signature of Signing Officer or Director

Date