

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000091667

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** HCFS HEALTH CARE FINANCIAL SERVICES, INC,

**Current Principal Place of Business:**

265 BROOKVIEW CENTRE WAY, SUITE 400  
KNOXVILLE, TN 37919

**New Principal Place of Business:**

**Current Mailing Address:**

265 BROOKVIEW CENTRE WAY, SUITE 400  
ATTN: LEGAL  
KNOXVILLE, TN 37919

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

Title: VPAS  
Name: GOLDFELD, ARON  
Address: 100 NW 70TH AVE  
City-St-Zip: PLANTATION, FL 33317

Title: AS  
Name: STAIR, JOHN R  
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400  
City-St-Zip: KNOXVILLE, TN 37919

Title: VD  
Name: MASSINGALE, H. LYNN  
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400  
City-St-Zip: KNOXVILLE, TN 37919

Title: VT  
Name: JONES, DAVID  
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400  
City-St-Zip: KNOXVILLE, TN 37919

Title: DPT  
Name: JOSEPH, CARMAN  
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400  
City-St-Zip: KNOXVILLE, TN 37919

Title: DVPS  
Name: ALLEN, HEIDI S  
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400  
City-St-Zip: KNOXVILLE, TN 37919

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: JOHN R. STAIR

AS

04/18/2011

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

\_\_\_\_\_  
Date