

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000178359

Entity Name: HCFS HEALTH CARE FINANCIAL SERVICES, LLC**Current Principal Place of Business:**265 BROOKVIEW CENTRE WAY
SUITE 400
KNOXVILLE, TN 37919**Current Mailing Address:**265 BROOKVIEW CENTRE WAY
SUITE 400 ATTN: LEGAL DEPT.
KNOXVILLE, TN 37919 US**FEI Number:** 65-0622847**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Authorized Person(s) Detail :**

Title MANAGER
Name CARMAN, JOSEPH B
Address 265 BROOKVIEW CENTRE WAY
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title PRESIDENT
Name CARMAN, JOSEPH B
Address 265 BROOKVIEW CENTRE WAY
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title CFO
Name VETRANO, TONY
Address 265 BROOKVIEW CENTRE WAY
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

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

Title MANAGER
Name ROGERS, OLIVER
Address 265 BROOKVIEW CENTRE WAY
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title VP, SECRETARY & GENERAL
COUNSEL
Name CLIFTON, STEVEN E
Address 265 BROOKVIEW CENTRE WAY
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title VP
Name MILLSAPS, PAULA
Address 265 BROOKVIEW CENTRE WAY
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title ASST. SECRETARY
Name STAIR, JOHN R
Address 265 BROOKVIEW CENTRE WAY
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN R. STAIR**ASSISTANT SECRETARY** 04/21/2016_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date

Authorized Person(s) Detail Continued :

Title	ASST. TREASURER
Name	BELMAR, CAROLE
Address	265 BROOKVIEW CENTRE WAY SUITE 400
City-State-Zip:	KNOXVILLE TN 37919