

**2015 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 ALLEN, HEIDI S  
Address 265 BROOKVIEW CENTRE WAY  
SUITE 400  
City-State-Zip: KNOXVILLE TN 37919

Title SECRETARY  
Name ALLEN, HEIDI S  
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:** HEIDI S. ALLEN

MANAGER

04/14/2015

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