

**2023 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/VICE  
PRESIDENT/TREASURER/SECRETAR  
Y  
Name VETRANO, TONY  
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

Title MEMBER  
Name TEAM RADIOLOGY, LLC  
Address 265 BROOKVIEW CENTRE WAY  
SUITE 400  
City-State-Zip: KNOXVILLE TN 37919

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

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

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

Title VICE PRESIDENT/SECRETARY/CHIEF  
REVENUE CYCLE COUNSEL  
Name THACKER, LINDA  
Address 265 BROOKVIEW CENTRE WAY  
SUITE 400  
City-State-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 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** 04/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date