

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001052

Entity Name: HPS HOSPITAL PURCHASING SERVICE, LLC**Current Principal Place of Business:**3275 N.M. 37 HIGHWAY
MIDDLEVILLE, MI 49333**Current Mailing Address:**3275 N.M. 37 HIGHWAY
MIDDLEVILLE, MI 49333 US**FEI Number:** 61-1590801**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MGR
Name CAWLEY, KEVIN
Address 301 N. MAIN STREET
City-State-Zip: SHERIDAN MI 48884

Title MGR
Name CEGLAREK, NICK
Address 3886 VAN BUREN
City-State-Zip: HUDSONVILLE MI 49426

Title MGR
Name EASTON, GARY
Address 1455 SUNCREST DRIVE
City-State-Zip: LAPEER MI 48446

Title MGR
Name GASCHO, DWIGHT
Address 170 N. CASEVILLE ROAD
City-State-Zip: PIGEON MI 48755

Title MGR
Name HENRIKSEN, GARY
Address 6215 W. ST. JOSEPH HWY.
City-State-Zip: LANSING MI 48917

Title PRESIDENT
Name LA PRES, THOMAS J
Address 3275 N.M. 37 HIGHWAY
City-State-Zip: MIDDLEVILLE MI 49333

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: THOMAS J. LA PRES**PRESIDENT/CEO****01/15/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date