

2018 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
P.O. BOX 247
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 CEGLAREK, NICK
Address 3886 VAN BUREN
City-State-Zip: HUDSONVILLE MI 49426

Title PRESIDENT
Name LA PRES, THOMAS J
Address 3275 N. M-37 HWY
P.O. BOX 247
City-State-Zip: MIDDLEVILLE MI 49333

Title MGR
Name THOMPSON, MATTHEW
Address 406 E. ELM ST.
P.O. BOX 879
City-State-Zip: CARSON CITY MI 48811

Title MGR
Name AUGSBURGER, MARC
Address 401 N. HOOPER ST.
P.O. BOX 435
City-State-Zip: CARO MI 48723

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

Title MGR
Name MILLER, KEITH
Address 1116 S. VAN DYKE RD.
City-State-Zip: BAD AXE MI 48413

Title MGR
Name WHEELER, DANE
Address 1100 MERCER AVE.
P.O. BOX 151
City-State-Zip: DECATUR IN 46733

Title MGR
Name HANEY, DONALD
Address 2700 NASHVILLE HWY.
City-State-Zip: HASTINGS MI 49058

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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: THOMAS J. LA PRESS**PRESIDENT****01/17/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MGR
Name KACZMARCZYK, JIM
Address 2700 BURCHAM DR.
City-State-Zip: EAST LANSING MI 48823

Title MGR
Name BOS, DAVE
Address 2920 CRYSTAL LN.
City-State-Zip: KALAMAZOO MI 49009

Title MGR
Name JOHNSON, TIM
Address 1500 S. MAIN ST.
P.O. BOX 130
City-State-Zip: EATON RAPIDS MI 48827

Title MGR
Name DEFFENBAUGH, DAVID
Address 1900 RANDALLIA DR.
City-State-Zip: FORT WAYNE IN 46805

Title MGR
Name JACKSON, BILL
Address 2112 UNIVERSITY PARK DR.
City-State-Zip: OKEMOS MI 48864

Title MGR
Name MILLER, SETH DR
Address 125 W. ELLSWORTH ST.
City-State-Zip: WESTVILLE IL 61883

Title MGR
Name WESTERLUND, DAVID
Address 335 E. HOUGHTON AVE.
City-State-Zip: WEST BRANCH MI 48661