2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2010
Secretary of State

DOCUMENT# P95000091667

Entity Name: HCFS HEALTH CARE FINANCIAL SERVICES, INC,

Current Principal Place of Business:

1900 WINSTON RD, SUITE 300
ATTN: LEGAL
KNOXVILLE, TN 37919

New Principal Place of Business:

265 BROOKVIEW CENTRE WAY, SUITE 400
KNOXVILLE, TN 37919

Current Mailing Address:

1900 WINSTON ROAD, SUITE 300
ATTN: LEGAL
KNOXVILLE, TN 37919

New Mailing Address:

265 BROOKVIEW CENTRE WAY, SUITE 400
ATTN: LEGAL
KNOXVILLE, TN 37919

FEI Number: 65-0622847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPAS
Name: GOLDFELD, ARON
Address: 100 NW 70TH AVE
City-St-Zip: PLANTATION, FL 33317

Title: AS
Name: STAIR, JOHN R
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

Title: VD
Name: MASSINGALE, H. LYNN
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

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

Title: DPT
Name: JOSEPH, CARMAN
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

Title: DVPS
Name: ALLEN, HEIDI S
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN R. STAIR AS 04/21/2010

Electronic Signature of Signing Officer or Director — Date