

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000091667

Entity Name: HCFS HEALTH CARE FINANCIAL SERVICES, INC,**Current Principal Place of Business:**265 BROOKVIEW CENTRE WAY, SUITE 400
KNOXVILLE, TN 37919**Current Mailing Address:**265 BROOKVIEW CENTRE WAY, SUITE400
ATTN: LEGAL
KNOXVILLE, TN 37919**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**Officer/Director Detail :**

Title	VPCFO
Name	VETRANO, ANTHONY
Address	265 BROOKVIEW CENTRE WAY, SUITE 400
City-State-Zip:	KNOXVILLE TN 37919

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

Title	AT
Name	CAROLE, BELMAR
Address	265 BROOKVIEW CENTRE WAY, SUITE 400
City-State-Zip:	KNOXVILLE TN 37919

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

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

Title	DVPS
Name	ALLEN, HEIDI S
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 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**ASSISTANT SECRETARY** 04/17/2013_____
Electronic Signature of Signing Officer/Director Detail_____
Date