

1.) CORPORATION NAME:

**HCFS Health Care Financial Services, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
PO BOX 1463**

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

DUE DATE: **4/30/2011**

SCC ID NO: **F1250101**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 265 BROOKVIEW CENTRE WAY  
STE 400

CITY/ST/ZIP: KNOXVILLE, TN 37919-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: HEIDI S ALLEN  
TITLE: VP/S/D  
ADDRESS: 265 BROOKVIEW CENTRE WAY  
STE 400  
CITY/ST/ZIP/CO: KNOXVILLE, TN 37919-

OFFICER

DIRECTOR

NAME: JOHN STAIR  
TITLE: ASST SECRETARY  
ADDRESS: 265 BROOKVIEW CENTRE WAY  
STE 400  
CITY/ST/ZIP/CO: KNOXVILLE, TN 37919-

OFFICER

DIRECTOR

NAME: CAROLE BELMAR  
TITLE: ASST. TREASURER  
ADDRESS: 265 BROOKVIEW CENTRE WAY  
STE 400  
CITY/ST/ZIP/CO: KNOXVILLE, TN 37919-

OFFICER

DIRECTOR

NAME: JOE CARMAN  
TITLE: PRESIDENT  
ADDRESS: 265 BROOKVIEW CENTRE WAY  
STE 400  
CITY/ST/ZIP/CO: KNOXVILLE, TN 37919-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ JOHN STAIR</u>	<u>JOHN STAIR, ASST SECRETARY</u>	<u>4/12/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.