

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

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

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

OFFICER

DIRECTOR

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

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>7/25/2011</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.