

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213514904

1.) CORPORATION NAME:

HCFS Health Care Financial Services, Inc.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1250101**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

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: CAROLE BELMAR
TITLE: ASST. TREASURER
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

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.

/s/ JOHN STAIR

JOHN STAIR, ASST SECRETARY

3/26/2013

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.