

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 24 AM 11:34

DOCUMENT # P36530 (4)

1. Corporation Name
PATIENT SERVICES, INC.

Principal Place of Business Mailing Address
P. O. BOX 1802 MIDLOTHIAN VA 23113 P. O. BOX 1802 MIDLOTHIAN VA 23113

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/20/1991	3a. Date of Last Report 02/23/1994
4. FEI Number 54-1596178	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, LYMAN M	1.2 NAME	
STREET ADDRESS	8202 WATERLOO CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	RICHMOND VA	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLASTER, PAMELA G. R.N.	2.2 NAME	
STREET ADDRESS	5011 CHARLES CITY RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	RICHMOND VA	2.4 CITY - ST - ZIP	
TITLE	VCD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHN, DANA A	3.2 NAME	
STREET ADDRESS	6906 SKA LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIDLOTHIAN VA	3.4 CITY - ST - ZIP	
TITLE	VPT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHN, DANA A	4.2 NAME	
STREET ADDRESS	6906 SKA LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIDLOTHIAN VA	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ELAINE G	5.2 NAME	
STREET ADDRESS	3408 WEST GRACE ST. #7	5.3 STREET ADDRESS	
CITY - ST - ZIP	RICHMOND VA	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADAD, THOMAS E.	6.2 NAME	
STREET ADDRESS	2415 CARRIAGE CREED ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIDLOTHIAN VA	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dana Kuhn* (804) 744-8305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Name