

4/27/98

B-5710-C

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P36530 (4)**

1. Corporation Name  
**PATIENT SERVICES, INC.**



Principal Place of Business <b>P. O. BOX 1602 MIDLOTHIAN VA 23113</b>	Mailing Address <b>P. O. BOX 1602 MIDLOTHIAN VA 23113</b>
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3. Date Incorporated or Qualified <b>11/20/1991</b>	
4. FEI Number <b>54-1596178</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	28. Zip
24. Country	29. Country

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. City
84. State <b>FL</b>
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Vice-Pres. Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FISHER, LYMAN M</b>	1.2 NAME	<b>Rayer A. Hadad</b>
STREET ADDRESS	<b>9202 WATERLOO CT</b>	1.3 STREET ADDRESS	<b>3600 Stony Ridge Trail</b>
CITY-ST-ZIP	<b>RICHMOND VA</b>	1.4 CITY-ST-ZIP	<b>Midlothian, VA 23112</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLASTER, PAMELA G. R.N.</b>	2.2 NAME	
STREET ADDRESS	<b>5011 CHARLES CITY RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RICHMOND VA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VCD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUHN, DANA A</b>	3.2 NAME	
STREET ADDRESS	<b>6906 SIKI LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIDLOTHIAN VA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>President / Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUHN, DANA A</b>	4.2 NAME	<b>Dana A. Kuhn</b>
STREET ADDRESS	<b>6906 SIKI LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIDLOTHIAN VA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, ELAINE G</b>	5.2 NAME	
STREET ADDRESS	<b>8406 WEST GRACE ST. #7</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RICHMOND VA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HADAD, THOMAS E.</b>	6.2 NAME	
STREET ADDRESS	<b>2415 CARRIAGE CREED ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIDLOTHIAN VA</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ DATE: **4/20/98**

CR2E037 (10/97)