

FILE NOW: FILING FEE IS \$61.25

3/2/99 #734

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Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36530

1. Corporation Name
PATIENT SERVICES, INC.

Principal Place of Business P. O. BOX 1602 MIDLOTHIAN VA 23113	Mailing Address P. O. BOX 1602 MIDLOTHIAN VA 23113
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/20/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 54-1596178
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, LYMAN M	1.2 NAME	
STREET ADDRESS	9202 WATERLOO CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	1.4 CITY-ST-ZIP	23236
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADAD, RAYER A	2.2 NAME	
STREET ADDRESS	3600 STONEY RIDGE TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDLOTHIAN VA 23112	2.4 CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHN, DANA A	3.2 NAME	
STREET ADDRESS	6906 SIKI LANE	3.3 STREET ADDRESS	6005 Country walk Rd
CITY-ST-ZIP	MIDLOTHIAN VA	3.4 CITY-ST-ZIP	23112
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ELAINE G	4.2 NAME	
STREET ADDRESS	3406 WEST GRACE ST. #7	4.3 STREET ADDRESS	3210 W. Grace St.
CITY-ST-ZIP	RICHMOND VA	4.4 CITY-ST-ZIP	23221
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADAD, THOMAS E.	5.2 NAME	
STREET ADDRESS	2415 CARRIAGE CREED ROAD	5.3 STREET ADDRESS	3600 Stoney Ridge Trail -
CITY-ST-ZIP	MIDLOTHIAN VA	5.4 CITY-ST-ZIP	23112
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIREMENTS** 2/26/99 (804) 327-2450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (1/198)