1. Entity Name PATIENT SERVICES, INC.					FILED Mar 07, 2000 8:00 am			
Principal Place of Business		Mailing Address		**-	Secretary			
P. O. BOX 1602 MIDLOTHIAN VA 23113		P. O. BOX 1602 MIDLOTHIAN VA 23113-1602			03-07-2000 90056 (037 ****6	1.25	
2. Principal F	Place of Business	3. Mailing Address			T TORNIARI TAR IZZIA BILDI ATTER ZIVI BERT BIRDI SIRIT BIRDI BIRDI BIRDI BIRDI IZDI			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	te	City & State		4. FEI Numbe	Der 54-1596178 Applied For Not Applicable			
Zip Country		Zip	Country	5. Certificate	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	·	7. Name and	Address of New Registered		-	
1200 S. P	Oration System Ine Island Road On FL 33324	s -	Street Address (er is Not Acceptable)	Zip Code	e	
	FILE NOW: FEE IS \$61.25			\$5.00 May Be Added to Fees				
10.	OFFICERS AND DI	BECTORS	11.	ADDITIONS/CH.	ANGES TO OFFICERS AND DI	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, LYMAN M. 9202 WATERLOO CT RICHMOND VA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HADAD, RAYER A 3600 STONEY RIDGE TRAIL MIDLOTHIAN VA 23112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KUHN, DANA A 6005 COUNTRY WALK RD MIDLOTHIAN VA 23112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, ELAINE G 3210 W GRACE ST RICHMOND VA 23221	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. HADAD, THOMAS E. 3600 STONEY RIDGE TRAIL MIDLOTHIAN VA 23112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(5)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. Long, Fredrick 4603 Five Sp Midlothian, V	1A 83112	Change	Addition	
12. I hereby indicated of the col	certify that the information supplied with f on this report or supplemental report is rporation or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that movered to execute this report :	CITY-ST-ZIP the exemption start ny signature shall has required by Cha	Mid LoThian, V	(i), Florida Statutes. I further certification in the control of t	am an officer	or directo	