

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90036 009 \*\*\*\*61.25

**DOCUMENT # P36530**

1. Entity Name

**PATIENT SERVICES, INC.**

Principal Place of Business

Mailing Address

P. O. BOX 1602  
 MIDLOTHIAN VA 23113

P. O. BOX 1602  
 MIDLOTHIAN VA 23113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**54-1596178**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **FISHER, LYMAN M**  
 STREET ADDRESS **9202 WATERLOO CT**  
 CITY-ST-ZIP **RICHMOND VA**

TITLE **Director**  Change  Addition  
 NAME **Bobby Ellis**  
 STREET ADDRESS **916 S. Wagstaff Circle**  
 CITY-ST-ZIP **Richmond, VA 23229**

TITLE **VPS**  Delete  
 NAME **HADAD, RAYER A**  
 STREET ADDRESS **3600 STONEY RIDGE TRAIL**  
 CITY-ST-ZIP **MIDLOTHIAN VA 23112**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PT**  Delete  
 NAME **KUHN, DANA A**  
 STREET ADDRESS **6005 COUNTRY WALK RD**  
 CITY-ST-ZIP **MIDLOTHIAN VA 23112**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MARTIN, ELAINE G**  
 STREET ADDRESS **3210 W GRACE ST**  
 CITY-ST-ZIP **RICHMOND VA 23221**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **HADAD, THOMAS E.**  
 STREET ADDRESS **3600 STONEY RIDGE TRAIL**  
 CITY-ST-ZIP **MIDLOTHIAN VA 23112**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DR**  Delete  
 NAME **LONG, FREDRICK**  
 STREET ADDRESS **4603 FIVE SPRINGS RD**  
 CITY-ST-ZIP **MIDLOTHIAN VA 23112**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dana A. Kuhn* **REQUIRED** (Dana A. Kuhn)

1/18/01 (804) 744-3813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)