

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)