

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90116 026 ****61.25

DOCUMENT # P36530
 1. Entity 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 13541 E Boundary Rd Suite, Apt. #, etc. Suite 207 City & State Midlothian, VA Zip 23112 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1596178	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. DELETIONS OF OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D FISHER, LYMAN M STREET ADDRESS 9202 WATERLOO CT CITY-ST-ZIP RICHMOND VA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VPS HADAD, RAYER A STREET ADDRESS 3600 STONEY RIDGE TRAIL CITY-ST-ZIP MIDLOTHIAN VA 23112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PT KUHN, DANA A STREET ADDRESS 6005 COUNTRY WALK RD CITY-ST-ZIP MIDLOTHIAN VA 23112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D MARTIN, ELAINE G STREET ADDRESS 3210 W GRACE ST CITY-ST-ZIP RICHMOND VA 23221	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D HADAD, THOMAS E. STREET ADDRESS 3600 STONEY RIDGE TRAIL CITY-ST-ZIP MIDLOTHIAN VA 23112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME DR LONG, FREDRICK STREET ADDRESS 4603 FIVE SPRINGS RD CITY-ST-ZIP MIDLOTHIAN VA 23112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas E. Hadad **THOMAS E. HADAD** 1/14/02 (804) 744-3813
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

Attachment

Doc. # P 36530
724374

Additional Board of Directors

D
Robert Ellis
9916 S. Wagstaff Circle
Richmond, VA 23229