
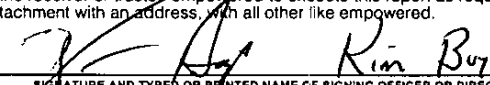


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90349 050 ****61.25

DOCUMENT # P36530					
1. Entity Name PATIENT SERVICES, INC.					
Principal Place of Business 13541 E. BOUNDARY RD MIDLOTHIAN, VA 23112			Mailing Address 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		
Zip	Country	Zip	Country	4. FEI Number 54-1596178	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Secretary - S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, LYMAN M		NAME	John D Dixon	
STREET ADDRESS	9202 WATERLOO CT		STREET ADDRESS	8400 McCaw Drive	
CITY-ST-ZIP	RICHMOND, VA		CITY-ST-ZIP	Richmond, VA. 23235	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Director - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, ISHNEILA G		NAME	Danielle Stueber	
STREET ADDRESS	3325 WEST GRACE STREET		STREET ADDRESS	217 E 2nd street	
CITY-ST-ZIP	MIDLOTHIAN, VA 23112		CITY-ST-ZIP	Staunton, IL 62098	
TITLE	P	<input type="checkbox"/> Delete	TITLE	Director - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUHN, DANA A		NAME	Matthew C. Langer, MD JD	
STREET ADDRESS	6005 COUNTRY WALK RD		STREET ADDRESS	1454 Lachona Court	
CITY-ST-ZIP	MIDLOTHIAN, VA 23112		CITY-ST-ZIP	Atlanta, GA. 30329	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, ELAINE G		NAME	Jan Paul Storey	
STREET ADDRESS	3210 W GRACE ST		STREET ADDRESS	710 Pembury Court	
CITY-ST-ZIP	RICHMOND, VA 23221		CITY-ST-ZIP	Noblesville, IN 46060	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, FREDRICK R		NAME	Stephen Halka, MD	
STREET ADDRESS	4603 FIVE SPRINGS RD		STREET ADDRESS	1001 Blythe Blvd, Suite 300	
CITY-ST-ZIP	MIDLOTHIAN, VA 23112		CITY-ST-ZIP	Charlotte, NC 28203	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP of marketing & Development	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROSS, GARY W		NAME	James A. Wood, III	
STREET ADDRESS	38048 JEFFERSON CROSGING AVENUE		STREET ADDRESS	1731 Redborne Ct # 301	
CITY-ST-ZIP	PRAIRIEVILLE, LA 70769		CITY-ST-ZIP	Midlothian, VA 23114	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 3/29/06		Daytime Phone #: 804 744-3813	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT
ATTACHMENT

40042225

P36530

Patient Services, Inc.
Additional Corporate Officers
As of Jan 1, 2006

Christine C. Jones

Treasurer

19331 Genito Rd

Amelia, VA 23002

- Home Address

13541 E Boundary Rd

Midlothian, VA 23112

- Business Address

Kim O Boys

Financial and Administrative Officer

3501 Cheyenne Road

Richmond, VA 23235

- Home Address

13541 E Boundary Rd

Midlothian, VA 23112

- Business Address