
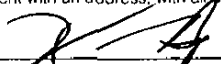


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90042 039 ****61.25

DOCUMENT # P36530			
1. Entity Name PATIENT SERVICES, INC.			
Principal Place of Business 3104 E. BOUNDARY CT. MIDLITHIAN, VA 23117		Mailing Address P. O. BOX 1602 MIDLOTHIAN, VA 23113	
2. Principal Place of Business - No P.O. Box # 3104 E. Boundary Court		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Midlothian, VA		City & State	
Zip 23112	Country	Zip	Country
4. FEI Number 54-1596178		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUTTON, JOHN D	NAME	
STREET ADDRESS	8400 MACCAW DR	STREET ADDRESS	
CITY-ST-ZIP	RICHMOND, VA 23235	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUERBER, DANIELLE	NAME	STUERBER, DANIELLE
STREET ADDRESS	6035 32ND AVENE	STREET ADDRESS	1925 82ND AVENUE SE
CITY-ST-ZIP	SEATTLE, WA 98115	CITY-ST-ZIP	MERCER ISLAND, WA 98040
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHN, DANA A	NAME	
STREET ADDRESS	6005 COUNTRY WALK RD	STREET ADDRESS	
CITY-ST-ZIP	MIDLOTHIAN, VA 23112	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ELAINE G	NAME	
STREET ADDRESS	3210 W GRACE ST	STREET ADDRESS	
CITY-ST-ZIP	RICHMOND, VA 23221	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAIKA, STEPHEN MD	NAME	
STREET ADDRESS	1001 BLYTHE BLVD STE 300	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE, NC 28203	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, GARY W	NAME	
STREET ADDRESS	38048 JEFFERSON CROSSING AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PRAIRIEVILLE, LA 70769	CITY-ST-ZIP	
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: 2/11/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 804 744-3823	

ATTACHMENT

Patient Services, Inc.
Additional Corporate Officers
As of January 1, 2008

40021636
P36530

James A Wood, III
Senior Vice President - Marketing & Development
210 E Brook Run Drive
Richmond, VA 23238

Christine C Jones
Treasurer
19331 Genito Road
Amelia, VA 23002

Kim O Boys
Chief Operating Officer
3501 Cheyenne Road
Richmond, VA 23235

ATTACHMENT

Patient Services, Inc.
Additional Board of Directors
As of January 1, 2008

40021636
P36530

Jan Paul Storey
710 Pemberly Court
Noblesville, IN 46060

Matthew C. Lawyer, MD JD
3450 E Sunrise Drive, Ste 140
Tucson, AZ 85718

Meda Lane, CPA
2839 Hathaway Road
Richmond, VA 23225-1700

Mitch Mula
17534 Old Jefferson Hwy
Suite A-1
Prairieville, LA 70769

Russell E. Phillips, Jr., CPA, CVA
3924 Cleveland Ave, NW
Canton, OH 44709