

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36530

FILED
Jan 15, 2009
Secretary of State

Entity Name: PATIENT SERVICES, INC.

Current Principal Place of Business:

3104 E. BOUNDARY CT.
MIDLOTHIAN, VA 23112

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1602
MIDLOTHIAN, VA 23113

New Mailing Address:

FEI Number: 54-1596178 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: DUTTON, JOHN D
Address: 8400 MACCAW DR
City-St-Zip: RICHMOND, VA 23235

Title: D () Delete
Name: STUERBER, DANIELLE
Address: 1925 82ND AVENUE SE
City-St-Zip: MERCER ISLAND, WA 98040

Title: PT () Delete
Name: KUHN, DANA A
Address: 6005 COUNTRY WALK RD
City-St-Zip: MIDLOTHIAN, VA 23112

Title: D () Delete
Name: CROSS, GARY W
Address: 38048 JEFFERSON CROSING AVENUE
City-St-Zip: PRAIRIEVILLE, LA 70769

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: STOREY, JAN P
Address: 710 PEMBERLY COURT
City-St-Zip: NOBLESVILLE, IN 46060

Title: D (X) Change () Addition
Name: NANCE, DANIELLE
Address: 1100 NINTH AVENUE, PO BOX 0900
City-St-Zip: SEATTLE, WA 98111

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: JAMES, WOOD A III
Address: 210 E BROOK RUN DRIVE
City-St-Zip: RICHMOND, VA 23238

Title: CFO () Change (X) Addition
Name: CHRISTOPHER, MARKWITH M
Address: 1932 HUGUENOT HUNDRED DRIVE
City-St-Zip: MIDLOTHIAN, VA 23113

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER M. MARKWITH

CFO

01/15/2009

Electronic Signature of Signing Officer or Director

Date