2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36530

FILED Feb 19, 2010 Secretary of State

Entity Name: PATIENT SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

3104 E. BOUNDARY CT. MIDLOTHIAN, VA 23112

Current Mailing Address: New Mailing Address:

P. O. BOX 1602 MIDLOTHIAN, VA 23113

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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

 Name:
 FINK, BRIAN L

 Address:
 1652 NOEL STREET

 City-St-Zip:
 LOUISVILLE, OH 44641

Title:

Name: NANCE, DANIELLLE

Address: 1100 NINTH AVENUE, PO BOX 0900

City-St-Zip: SEATTLE, WA 98111

Title: PT

Name: KUHN, DANA A

Address: 6005 COUNTRY WALK RD City-St-Zip: MIDLOTHIAN, VA 23112

Title:

Name: CROSS, GARY W

Address: 38048 JEFFERSON CROSING AVENUE

City-St-Zip: PRAIRIEVILLE, LA 70769

Title: VP

Name: JAMES, WOOD A III
Address: 210 E BROOK RUN DRIVE
City-St-Zip: RICHMOND, VA 23238

Title: CFO

Name: CHRISTOPHER, MARKWITH M Address: 1932 HUGUENOT HUNDRED DRIVE

City-St-Zip: MIDLOTHIAN, VA 23113

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER MARKWITH CFO 02/19/2010