

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36530

FILED
Feb 15, 2012
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 5930
MIDLOTHIAN, VA 23112

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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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
Name: FINK, BRIAN L
Address: 3104 E. BOUNDARY COURT
City-St-Zip: MIDLOTHIAN, VA 23112

Title: D
Name: NANCE, DANIELLE
Address: 3104 E. BOUNDARY COURT
City-St-Zip: MIDLOTHIAN, VA 23112

Title: PT
Name: KUHN, DANA A
Address: 3104 E. BOUNDARY COURT
City-St-Zip: MIDLOTHIAN, VA 23112

Title: D
Name: CROSS, GARY W
Address: 3104 E. BOUNDARY COURT
City-St-Zip: MIDLOTHIAN, VA 23112

Title: VP
Name: JAMES, WOOD A III
Address: 3104 E. BOUNDARY COURT
City-St-Zip: MIDLOTHIAN, VA 23112

Title: CFO
Name: CHRISTOPHER, MARKWITH M
Address: 3104 E. BOUNDARY COURT
City-St-Zip: MIDLOTHIAN, VA 23112

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

02/15/2012

Electronic Signature of Signing Officer or Director

Date