

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90448 041 ****61.25

DOCUMENT # P36530

1. Entity Name

PATIENT SERVICES, INC.



Principal Place of Business

**13541 E. BOUNDARY RD
MIDLOTHIAN VA 23113**

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**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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 type="checkbox"/> Delete
NAME	FISHER, LYMAN M	
STREET ADDRESS	9202 WATERLOO CT	
CITY-ST-ZIP	RICHMOND VA	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HADAD, RAYER A	
STREET ADDRESS	3600 STONEY RIDGE TRAIL	
CITY-ST-ZIP	MIDLOTHIAN VA 23112	
TITLE	PT	<input type="checkbox"/> Delete
NAME	KUHN, DANA A	
STREET ADDRESS	6005 COUNTRY WALK RD	
CITY-ST-ZIP	MIDLOTHIAN VA 23112	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, ELAINE G	
STREET ADDRESS	3210 W GRACE ST	
CITY-ST-ZIP	RICHMOND VA 23221	
TITLE	D	<input type="checkbox"/> Delete
NAME	HADAD, THOMAS E.	
STREET ADDRESS	3600 STONEY RIDGE TRAIL	
CITY-ST-ZIP	MIDLOTHIAN VA 23112	
TITLE	DR	<input type="checkbox"/> Delete
NAME	LONG, FREDRICK	
STREET ADDRESS	4603 FIVE SPRINGS RD	
CITY-ST-ZIP	MIDLOTHIAN VA 23112	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Rayer A Hadad*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03 (804) 744-3813
Date Daytime Phone #

CR2E037 (10/02)