

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P36530

**FILED**  
**Feb 28, 2013**  
**Secretary of State**  
**CC0149831496**

**Entity Name:** PATIENT SERVICES, INC.

**Current Principal Place of Business:**

3104 E. BOUNDARY CT.  
MIDLOTHIAN, VA 23112

**Current Mailing Address:**

P. O. BOX 5930  
MIDLOTHIAN, VA 23112

**FEI Number:** 54-1596178

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Officer/Director Detail :**

Title S  
Name FINK, BRIAN L  
Address 3104 E. BOUNDARY COURT  
City-State-Zip: MIDLOTHIAN VA 23112

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

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

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

Title VP  
Name JAMES, WOOD AIII  
Address 3104 E. BOUNDARY COURT  
City-State-Zip: MIDLOTHIAN VA 23112

Title CFO  
Name CHRISTOPHER, MARKWITH M  
Address 3104 E. BOUNDARY COURT  
City-State-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 M MARKWITH

**CHIEF FINANCIAL  
OFFICER**

**02/28/2013**

Electronic Signature of Signing Officer/Director Detail

Date