

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36530

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 SECRETARY
Name LANDRY, BRIAN
Address 3104 E. BOUNDARY COURT
City-State-Zip: MIDLOTHIAN VA 23112

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

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

Title CHAIRMAN
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 TREASURER
Name PHILLIPS, RUSSELL E JR.
Address 3104 E. BOUNDARY CT.
City-State-Zip: MIDLOTHIAN VA 23112

Title DIRECTOR
Name GLASS, TERRIE L
Address 3104 E. BOUNDARY CT.
City-State-Zip: MIDLOTHIAN VA 23112

Title DIRECTOR
Name MULA, MARK E
Address 3104 E. BOUNDARY CT.
City-State-Zip: MIDLOTHIAN VA 23112

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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: DANA KUHN

PRESIDENT

03/13/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MULA, MITCH
Address 3104 E. BOUNDARY CT.
City-State-Zip: MIDLOTHIAN VA 23112