

2014 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 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**

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date