

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Apr 25, 2017**

**Secretary of State**

**CC9256577817**

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 FINK, BRIAN L  
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 A KUHN

**PRESIDENT**

**04/25/2017**

\_\_\_\_\_  
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

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