

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001557

FILED
Jul 28, 2008
Secretary of State

Entity Name: PATIENT FINANCIAL SERVICES, INC.

Current Principal Place of Business:

421 FAYETTEVILLE STREET MALL, STE. 600
RALEIGH, NC 27601

New Principal Place of Business:

Current Mailing Address:

421 FAYETTEVILLE STREET MALL, STE. 600
RALEIGH, NC 27601

New Mailing Address:

FEI Number: 56-2245815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCOTT, HARRY W JR.
Address: 8 WEXFORD CLUB DRIVE
City-St-Zip: HILTON HEAD, SC 29928

Title: ST () Delete
Name: SCOTT, HARRY W
Address: 3109 BRADDOCK DRIVE
City-St-Zip: RALEIGH, NC 27612

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCOTT, HARRY W JR.
Address: 82 BRAMS POINT ROAD
City-St-Zip: HILTON HEAD, SC 29926

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS () Change (X) Addition
Name: PERKINS, KENNETH D
Address: 409 BROAD STREET
City-St-Zip: SEWICKLEY, PA 15143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH D. PERKINS

AS

07/28/2008

Electronic Signature of Signing Officer or Director

Date