2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2011
Secretary of State

DOCUMENT# F10000001648

Entity Name: PATIENT FINANCIAL MEDICAL SERVICES, INC.

Current Principal Place of Business:

THREE CITY PLACE DRIVE, SUITE 690
ST. LOUIS, MO 63141

New Principal Place of Business:

Current Mailing Address:

THREE CITY PLACE DRIVE, SUITE 690
ST. LOUIS, MO 63141

New Mailing Address:

FEI Number: 27-2230245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: DIMARCO, MICHAEL A
Address: THREE CITY PLACE DRIVE, SUITE 690
City-St-Zip: ST. LOUIS, MO 63141

Title: D
Name: DIMARCO, MICHAEL A
Address: THREE CITY PLACE DRIVE, SUITE 690
City-St-Zip: ST. LOUIS, MO 63141

Title: AS
Name: ROWLAND, MARK
Address: THREE CITY PLACE DRIVE, SUITE 690
City-St-Zip: ST. LOUIS, MO 63141

Title: CFO
Name: ROWLAND, MARK
Address: THREE CITY PLACE DRIVE, SUITE 690
City-St-Zip: ST. LOUIS, MO 63141

Title: SD
Name: HAIZ, PATRICK
Address: 100 BAYVIEW CIRCLE, #5000
City-St-Zip: NEWPORT BEACH, CA 92660

Title: D
Name: KAYE, MICHAEL S
Address: 100 BAYVIEW CIRCLE, #5000
City-St-Zip: NEWPORT BEACH, CA 92660

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK ROWLAND AS 05/24/2011

Electronic Signature of Signing Officer or Director — Date