

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004390

FILED
Apr 09, 2012
Secretary of State

Entity Name: PATIENT FINANCIAL MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

200 CORPORATE BLVD, SUITE 201
LAFAYETTE, LA 70508

New Principal Place of Business:

Current Mailing Address:

200 CORPORATE BLVD, SUITE 201
LAFAYETTE, LA 70508

New Mailing Address:

FEI Number: 45-3455745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINES ISLAND RD
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

OFFICERS AND DIRECTORS:

Title: PC
Name: LONEY, JEFF
Address: 200 CORPORATE BLVD, SUITE 201
City-St-Zip: LAFAYETTE, LA 70508

Title: VPVC
Name: COBURN, JOHN
Address: 200 CORPORATE BLVD, SUITE 201
City-St-Zip: LAFAYETTE, LA 70508

Title: SD
Name: FALK, LISHA
Address: 200 CORPORATE BLVD, SUITE 201
City-St-Zip: LAFAYETTE, LA 70508

Title: T
Name: COTTAM, RENA
Address: 200 CORPORATE BLVD, SUITE 201
City-St-Zip: LAFAYETTE, LA 70508

Title: D
Name: CORNELIUS, DONALD
Address: 200 CORPORATE BLVD, SUITE 201
City-St-Zip: LAFAYETTE, LA 70508

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: LISHA C FALK

SD

04/09/2012

Electronic Signature of Signing Officer or Director

Date