2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003
Secretary of State

DOCUMENT# L88671

Entity Name: PATIENT MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 23819
FT LAUDERDALE, FL 33307

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 23819
FT LAUDERDALE, FL 33307

New Mailing Address:

FEI Number: 65-0205426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHERER, DAVID S
1740 E. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33334

Name and Address of New Registered Agent:

SCHERER, ROBERT H
1740 E. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33334

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: ROBERT H SCHERER 04/10/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHERER, DAVID S
Address: 1740 E COMMERCIAL BLVD
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCHERER, ROBERT H
Address: 1740 E COMMERCIAL BLVD
City-St-Zip: FT LAUDERDALE, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT H SCHERER DIR 04/10/2003
Electronic Signature of Signing Officer or Director — Date