

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N22334

FILED
Apr 24, 2002 8:00 AM
Secretary of State

Entity Name: PATIENT BUSINESS & FINANCIAL SERVICES, INC.

Current Principal Place of Business:

303 NORTH CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

303 NORTH CLYDE MORRIS BLVD.
ATTN: GENERAL COUNSEL
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-2434422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, DAVID J.
303 NORTH CLYDE MORRIS BLVD.
ATTN: GENERAL COUNSEL
DAYTONA BEACH, FL 32114 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: P () Delete
Name: TROVATO, ANTHONY
Address: 3800 WOODBRIAR TRAIL
City-St-Zip: PORT ORANGE, FL 32119 US

Title: D () Delete
Name: WILSON, TYREE F JR.
Address: 7 CIRCLE OAKS TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: DC () Delete
Name: COVINGTON, SYLVESTER
Address: 663 MADISON AVE
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: VD () Delete
Name: FAVIS, GREGORY M.D.
Address: 173 UNIVERSITY CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: DST () Delete
Name: HEVERIN, EDWARD J
Address: 2 WINDSOR DR
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D () Delete
Name: REAMES, BERT L
Address: 183 WINDWARD CIRCLE
City-St-Zip: ORMOND BEACH, FL 32176 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

SIGNATURE: ANTHONY TROVATO

P

04/24/2002

Electronic Signature of Signing Officer or Director

Date