2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005
Secretary of State

DOCUMENT# N22334

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.
ATTEN: 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:	303 NORTH CLYDE MORRIS BLVD.	
City-St-Zip:	DAYTONA BEACH, FL 32114 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
Name:		
Address:		
City-St-Zip:		
Title:	DST	(X) Change ( ) Addition
Name:	HEVERIN, EDWARD J	
Address:	4624 HARBOR VILLAGE BLVD. #4308	
City-St-Zip:	PONCE INLET, FL 32127 US	
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 04/01/2005

Electronic Signature of Signing Officer or Director — Date