

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90120 038 ****61.25

DOCUMENT # N22334

1. Entity Name
PATIENT BUSINESS & FINANCIAL SERVICES, INC.



Principal Place of Business
**303 NORTH CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114 US**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2434422

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIDSON, DAVID J.
303 NORTH CLYDE MORRIS BLVD.
ATTN: GENERAL COUNSEL
DAYTONA BEACH, FL 32114**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **TROVATO, ANTHONY**
STREET ADDRESS **303 NORTH CLYDE MORRIS BLVD.**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **C/D** ☐ Change ☒ Addition
NAME **Hosseini, Mori**
STREET ADDRESS **2359 Beville Road**
CITY-ST-ZIP **Daytona Beach, FL 32119**

TITLE **D** ☒ Delete
NAME **WILSON, TYREE F JR.**
STREET ADDRESS **7 CIRCLE OAKS TRAIL**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D** ☐ Change ☒ Addition
NAME **Quinn, Don**
STREET ADDRESS **555 W. Granada Blvd., Ste. B5**
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **DC** ☒ Delete
NAME **COVINGTON, SYLVESTER**
STREET ADDRESS **663 MADISON AVE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **S/D** ☐ Change ☒ Addition
NAME **Hall, Nora**
STREET ADDRESS **46 River Ridge Trail**
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **VD** ☒ Delete
NAME **FAVIS, GREGORY M.D.**
STREET ADDRESS **173 UNIVERSITY CIRCLE**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **T/D** ☐ Change ☒ Addition
NAME **Kennedy, Bruce**
STREET ADDRESS **411 Lake Bridge Plaza Drive**
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **DST** ☒ Delete
NAME **HEVERIN, EDWARD J**
STREET ADDRESS **4624 HARBOR VILLAGE BLVD. #4308**
CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE **D** ☐ Change ☒ Addition
NAME **Ritchey, Glenn**
STREET ADDRESS **551 North Nova Road**
CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE **D** ☒ Delete
NAME **REAMES, BERT L**
STREET ADDRESS **183 WINDWARD CIRCLE**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **D** ☐ Change ☒ Addition
NAME **Cloar, Vivi**
STREET ADDRESS **360 John Anderson Drive**
CITY-ST-ZIP **Ormond Beach, FL 32176**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C3c*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mori Hosseini

3/21/06

Date

386-322-4769

Daytime Phone #

Document #N22334
Patient Business & Financial Services, Inc.
Block 11, Additions to Officers and Directors

ATTACHMENT
40040687
N22334

D (Addition)
Holness, Betty
21 Spring Meadow Drive
Ormond Beach, FL 32174