
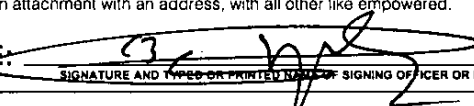


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90046 022 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2434422	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIDSON, DAVID J. 303 NORTH CLYDE MORRIS BLVD. ATTN: GENERAL COUNSEL DAYTONA BEACH, FL 32114			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	C/D HOSSEINI, MORI 2359 BEVILLE RD DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Holness, Betty 21 Spring Meadow Drive Ormond Beach, FL 32174
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUINN, DON 555 W. GRANADA BLVD. STE B5 ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1057 Mason Avenue Daytona Beach FL 32117
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D HALL, NORA 46 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lansberry, Blaine 2001 S. Atlantic Avenue Daytona Beach Shores, FL 32118
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D KENNEDY, BRUCE 411 LAKE BRIDGE PLAZA DR ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Carbiener, Pam, M.D. 1890 LPGA Blvd., Ste. 160 Daytona Beach, FL 32117
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RITCHEY, GLENN 551 N. NOVA RD DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	444 Seabreeze Blvd., Ste. 700 Daytona Beach, FL 32118
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLOAR, VIVI 360 JOHN ANDERSON DR ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Mori Hosseini 4/17/08 386-254-4000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					