2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # P36530 SERVICES, INC.				:	04-03-2006	90349 05	0 ****61	.25
Principal Plac 13541 E. BC MIDLOTHIAN	DUNDARY RD	Mailing Address P. O. BOX 1602 MIDLOTHIAN, VA 23	113		400-			IN 8788 BIBN 818	
2. Principal Place of Business 3. Maili		3. Mailing Address	1ailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03242006	Chg-NP	CR2E0	37 (11/05)	
City & State		City & State		4. FEI Number 54-1596				pplied For ot Applicable	
Zip	Country	Zip	Cou	ntry	5. Certificate of	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered	Agent	
OT CODD	ODATION OVETEN			Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			•	Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	de
	enamed entity submits this statement fo tions of registered agent.	r the purpose of changing i	ts registere	ed office or registe	red agent, or both	n, in the State of F	Florida. I am	familiar with,	, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NC	OTE: Registered	d Agent signature require	d when reinstaling)		DATE		
SIGNATURE	Filing Fee is \$61.25	9. Election C		inancing	\$5.00 May Be		Make chec		
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Co Trust Fund	ampaign Fi Contributi	inancing on.	\$5.00 May Be Added to Fees	Flo	Make chec orida Depar	tment of S	tate
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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 legat 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. The all other fike empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/29/06

GOL 744-8813

Daytime Phone #

ATTACHMENT 40042225 4286530

Patient Services, Inc.
Additional Corporate Officers
As of Jan 1, 2006

Christine C. Jones Treasurer

19331 Genito Rd Amelia, VA 23002

Home Address

13541 É Boundary Rd

Midlothian, VA 23112

Business Address

Kim O Boys

Financial and Administrative Officer

3501 Cheyenne Road

Richmond, VA 23235

Home Address

13541 E Boundary Rd

Midlothian, VA 23112

Business Address