2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22334

Entity Name: PATIENT BUSINESS & FINANCIAL SERVICES, INC.

FILED
Mar 10, 2022
Secretary of State
1343283005CC

Current Principal Place of Business:

303 NORTH CLYDE MORRIS BOULEVARD

DAYTONA BEACH, FL 32114

Current Mailing Address:

303 NORTH CLYDE MORRIS BOULEVARD ATTN: LEGAL DEPARTMENT DAYTONA BEACH, FL 32114 US

FEI Number: 59-2434422 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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: KELLY KWIATEK 03/10/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR, SECRETARY Title DIRECTOR, VC

Name GOODEMOTE, HAROLD Name RITCHEY, GLENN

Address 619 NORTH BEACH STREET Address 551 NORTH NOVA ROAD

City-State-Zip: DAYTONA BEACH FL 32114 City-State-Zip: DAYTONA BEACH FL 32114

Title PRESIDENT, CEO Title CFO, VP

Name FEASEL, JEFF Name PEBURN, ERIC

Address 303 N. CLYDE MORRIS BLVD. Address 303 N. CLYDE MORRIS BLVD.

City-State-Zip: DAYTONA BEACH FL 32174 City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR, TREASURER Title DIRECTOR, CHAIRMAN

Name MCCALL, TOM Name LENTZ, CARL W III

Address 2379 BEVILLE ROAD Address 2855 S. ATLANTIC AVE.

6

City-State-Zip: DAYTONA BEACH FL 32119 City-State-Zip: DAYTONA BEACH FL 32118

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 CONNOR, ED
 Name
 FLOREZ, ALAN

Address 1010 JOHN ANDERSON DR. Address 225 LANDMARK CR.

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32176

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: JEFF FEASEL PRESIDENT/CEO 03/10/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name MUNIER, MICHAEL

Address 83 N. ST. ANDREWS DR.

City-State-Zip: ORMOND BEACH FL 32174