2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22334

Entity Name: PATIENT BUSINESS & FINANCIAL SERVICES, INC.

FILED
Mar 16, 2020
Secretary of State
8915030245CC

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 03/16/2020

Electronic Signature of Registered Agent

Officer/Director Detail:

Title TREASURER, DIRECTOR Title CHAIR, DIRECTOR Name SCHANDEL, SUSAN Name GOODEMOTE, HAROLD Address ONE DAYTONA BOULEVARD Address 619 NORTH BEACH STREET City-State-Zip: DAYTONA BEACH FL 32114 City-State-Zip: DAYTONA BEACH FL 32114

TitleDIRECTORTitleDIRECTOR, VCNameRITCHEY, GLENNNameFRANCATI, DANIELAddress551 NORTH NOVA ROADAddress21 COQUINA RIDGE WAY

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

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, SECRETARY Title DIRECTOR

Name MCCALL, TOM Name LENTZ, CARL W III

Address 2379 BEVILLE ROAD Address 2855 S. ATLANTIC AVE.

601

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

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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 03/16/2020

Electronic Signature of Signing Officer/Director Detail

Date

Date

Officer/Director Detail Continued:

Title DIRECTOR
Name CONNOR, ED

Address 1010 JOHN ANDERSON DR.
City-State-Zip: ORMOND BEACH FL 32174