

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211515020

1.) CORPORATION NAME:

Patient Services, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **8/31/2011**

SCC ID NO: **03804689**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3104 E BOUNDARY COURT

CITY/ST/ZIP: MIDLOTHIAN, VA 23112-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DANA A KUHN	
TITLE:	PRESIDENT	
ADDRESS:	3104 E. BOUNDARY COURT	
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23112-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RUSSELL E PHILLIPS, JR	
TITLE:	TREASURER	
ADDRESS:	3104 E. BOUNDARY COURT	
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23112-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER M MARKWITH	
TITLE:	CFO	
ADDRESS:	3104 E. BOUNDARY COURT	
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23112-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRIAN L FINK	
TITLE:	SECRETARY	
ADDRESS:	3104 E BOUNDARY COURT	
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23112-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GARY W CROSS	
TITLE:	CHAIRMAN	
ADDRESS:	3104 E. BOUNDARY COURT	
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23112-	

NAME: TERRIE L. GLASS TITLE: DIRECTOR ADDRESS: 3104 E. BOUNDARY COURT CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: EDWARD Z. LAWYER MD JD MS TITLE: DIRECTOR ADDRESS: 3104 E. BOUNDARY COURT CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: MATTHEW C. LAWYER MD JD TITLE: DIRECTOR ADDRESS: 3104 E. BOUNDARY COURT CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: MARK EDWARD MULA TITLE: DIRECTOR ADDRESS: 3104 E. BOUNDARY COURT CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: MITCH MULA TITLE: DIRECTOR ADDRESS: 3104 E. BOUNDARY COURT CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: DANIELLE NANCE MD TITLE: DIRECTOR ADDRESS: 3104 E. BOUNDARY COURT CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ CHRISTOPHER M MARKWITH</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CHRISTOPHER M MARKWITH,</u> CFO PRINTED NAME AND CORPORATE TITLE	<u>7/12/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.