

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213532316

1.) CORPORATION NAME:

Patient Services, Inc.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **03804689**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

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.

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

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

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

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

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

NAME:	GARY W CROSS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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
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
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
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
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
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
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.		
/s/ CHRISTOPHER M MARKWITH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTOPHER M MARKWITH, CFO PRINTED NAME AND CORPORATE TITLE	7/11/2013 DATE
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.		