

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000082966 (0)**

1. Corporation Name  
**MEDI-BILL OF NORTH FLORIDA, INC.**



Principal Place of Business: **2165 HERSCHEL ST. JACKSONVILLE FL 32204 US**  
Mailing Address: **2165 HERSCHEL ST. JACKSONVILLE FL 32204 US**

3. Date Incorporated or Qualified: **10/27/1994** 3a. Date of Last Report: **01/23/1995**  
4. FEI Number: **59-3274637** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25  
2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

**9. Name and Address of Current Registered Agent**

**AKEL, EDWARD C  
1 INDEPENDENT DR.  
SUITE 2301  
JACKSONVILLE FL 32202**

**10. Name and Address of New Registered Agent**

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_ FL 85 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0509 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Said change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

Signature of the individual acting as agent for the corporation

Signature of the authorized agent of the corporation

DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DP	TUNSTALL, STEPHEN L	2165 HERSCHEL ST.	JACKSONVILLE FL 32204	
DVS	CHAPMAN, JAMES G	2165 HERSCHEL ST.	JACKSONVILLE FL 32204	<input type="checkbox"/> DELETE
DVT	PERRY, PHIL C	2165 HERSCHEL ST.	JACKSONVILLE FL 32204	<input type="checkbox"/> DELETE
DV	STRONG, GERALD W	2165 HERSCHEL ST.	JACKSONVILLE FL 32204	<input checked="" type="checkbox"/> DELETE
DV	ROCES, ARMANDO	2165 HERSCHEL ST.	JACKSONVILLE FL 32204	<input type="checkbox"/> DELETE
D	GRENE, ROGER W.	2165 HERSCHEL ST.	JACKSONVILLE FL 32204	<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Anthony D. Gabbott, M.D.	2165 Herschel St.	Jacksonville FL 32204	
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE HEREON

CR2E034 (12/95)