

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082966

1. Entity Name

MEDI-BILL OF NORTH FLORIDA, INC.

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90154 009 \*\*\*550.00

Principal Place of Business

2165 HERSCHEL ST.  
 JACKSONVILLE FL 32204  
 US

Mailing Address

2165 HERSCHEL ST.  
 JACKSONVILLE FL 32204  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3274637

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | DVP                   | <input type="checkbox"/> Delete |
| NAME           | HARDING, KATHERINE A  |                                 |
| STREET ADDRESS | 2165 HERSCHEL ST      |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32204 |                                 |
| TITLE          | DVP                   | <input type="checkbox"/> Delete |
| NAME           | KERR, JAMES K III     |                                 |
| STREET ADDRESS | 2165 HERSCHEL ST      |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32204 |                                 |
| TITLE          | DVP                   | <input type="checkbox"/> Delete |
| NAME           | LINEBERRY, PAUL J     |                                 |
| STREET ADDRESS | 2165 HERSCHEL ST      |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32204 |                                 |
| TITLE          | DVO                   | <input type="checkbox"/> Delete |
| NAME           | ROSENBERG, LEE D      |                                 |
| STREET ADDRESS | 2165 HERSCHEL ST      |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32204 |                                 |
| TITLE          | DVP                   | <input type="checkbox"/> Delete |
| NAME           | SMITH, WILLIAM T      |                                 |
| STREET ADDRESS | 2165 HERSCHEL ST      |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32204 |                                 |
| TITLE          | DVP                   | <input type="checkbox"/> Delete |
| NAME           | GREENE, ROGER W       |                                 |
| STREET ADDRESS | 2165 HERSCHEL ST.     |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL       |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Paul J. Lineberry*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/00

397-1030

CR2E034 (5/00)