

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90047 008 ***150.00

0021636 AV

DOCUMENT # P94000082966

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3274637**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DVP	HARDING, KATHERINE A	2165 HERSCHEL ST	JACKSONVILLE FL 32204	<input type="checkbox"/>
DVP	KERR, JAMES K III	2165 HERSCHEL ST	JACKSONVILLE FL 32204	<input type="checkbox"/>
DVP	LINEBERRY, PAUL J	2165 HERSCHEL ST	JACKSONVILLE FL 32204	<input type="checkbox"/>
DVO	ROSENBERG, LEE D	2165 HERSCHEL ST	JACKSONVILLE FL 32204	<input type="checkbox"/>
DVP	SMITH, WILLIAM T	2165 HERSCHEL ST	JACKSONVILLE FL 32204	<input type="checkbox"/>
DVP	GREENE, ROGER W	2165 HERSCHEL ST.	JACKSONVILLE FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Tunstill, Stephen L,	2165 Herschel St	Jacksonville, FL 32204	<input type="checkbox"/>	<input type="checkbox"/>
ST	Perry, Phil C	2165 Herschel St	Jacksonville, FL 32204	<input type="checkbox"/>	<input type="checkbox"/>
VP	Chapman, James G	2165 Herschel St	Jacksonville, FL 32204	<input type="checkbox"/>	<input type="checkbox"/>
VP	Roces, Armando J	2165 Herschel St	Jacksonville, FL	<input type="checkbox"/>	<input type="checkbox"/>
VP	Godboldt, Anthony G	2165 Herschel St	Jacksonville, FL 32204	<input type="checkbox"/>	<input type="checkbox"/>
VP	Soha, Walter M	2165 Herschel St	Jacksonville, FL 32204	<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

4/23/02

904-387-4030

CR2E034 (9/01)

Attachment

2002 UNIFORM BUSINESS REPORT (UBR)

0021538 AV

DOCUMENT # P94000082966
 1. Entity Name
MEDI-BILL OF NORTH FLORIDA, INC. *1786744*

Principal Place of Business 2165 HERSCHEL ST. JACKSONVILLE FL 32204 US	Mailing Address 2165 HERSCHEL ST. JACKSONVILLE FL 32204 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3274637**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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 WITH FEES \$150.00
After May 1, 2002 Fee will be \$50.00
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

TITLE: DVP NAME: Boggs, Ralph B <input type="checkbox"/> Delete STREET ADDRESS: 2165 HERSCHEL ST CITY-ST-ZIP: JACKSONVILLE FL 32204	TITLE: DVP NAME: Patterson, Sarah L <input type="checkbox"/> Delete STREET ADDRESS: 2165 HERSCHEL ST CITY-ST-ZIP: JACKSONVILLE FL 32204
TITLE: DVP NAME: Ponte, Robert A <input type="checkbox"/> Delete STREET ADDRESS: 2165 HERSCHEL ST CITY-ST-ZIP: JACKSONVILLE FL 32204	TITLE: DVO NAME: Crum Jr, Paul M <input type="checkbox"/> Delete STREET ADDRESS: 2165 HERSCHEL ST CITY-ST-ZIP: JACKSONVILLE FL 32204
TITLE: DVP NAME: Lee, Edward M <input type="checkbox"/> Delete STREET ADDRESS: 2165 HERSCHEL ST CITY-ST-ZIP: JACKSONVILLE FL 32204	TITLE: DVP NAME: Hernandez, Henry-Jim <input type="checkbox"/> Delete STREET ADDRESS: 2165 HERSCHEL ST. CITY-ST-ZIP: JACKSONVILLE FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DVP NAME: Scott, John D <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 2165 Herschel St CITY-ST-ZIP: Jacksonville, FL 32204	TITLE: DVP NAME: Donovan, Kevin L <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 2165 Herschel St CITY-ST-ZIP: Jacksonville, FL 32204
TITLE: DVP NAME: Chen, Bai X <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: 2165 Herschel St CITY-ST-ZIP: Jacksonville, FL 32204	TITLE: DVP NAME: Koehler, David C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: 2165 Herschel St CITY-ST-ZIP: Jacksonville, FL 32204
TITLE: _____ NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: _____ CITY-ST-ZIP: _____

3. 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 another like empowered.

SIGNATURE: _____ *[Signature]* **8/23/02** **904-387-1030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/2002 09:00