
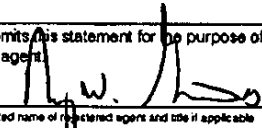



2008 FOR PROFIT CORPORATION ANNUAL REPORT

3. **FILED**
Apr 28, 2008 8:00 am
Secretary of State

03-10-2008 90070 006 ***150.00

| | | | | | |
|--|--|--|---|--|---|
| 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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3274637 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 Wodrich, Michael A. Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Boulevard Suite 1500 City Jacksonville FL Zip Code 32207 | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  | | DATE 4/25/08 | | | |
| Signature, typed or printed name of registered agent and date if applicable | | (NOTE: Registered Agent signature required when reappointing) | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TUNSTILL, STEPHEN L 2165 HERSCHEL ST JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Roces, Armando J 2165 Herschel Street Jacksonville, FL 32204 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CHAPMAN, JAMES G 2165 HERSCHEL ST JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Greene, Roger W 2165 Herschel Street Jacksonville, FL 32204 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DONOVAN, KEVIN 2165 HERSCHEL ST JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Smith, William T Jr 2165 Herschel Street Jacksonville, FL 32204 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GOLDBOLDT, ANTHONY G 2165 HERSCHEL ST JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Harding, Katherine A 2165 Herschel Steet Jacksonville, FL 32204 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SOHA, WALTER M 2165 HERSCHEL ST. JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Kerr, J. Knox III 2165 Herschel Street Jacksonville, FL 32204 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Koehler, David C 2165 Herschel Street Jacksonville, FL 32204 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Rosenberg, Lee D 2165 Herschel Street Jacksonville, FL 32204 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | DATE 4/MAR/08 904-387-4030 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE Daytime Phone # | | | |


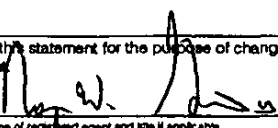
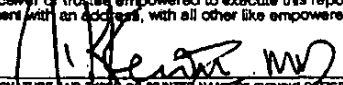
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01152008 Chg-P CR2E034 (12/06)

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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| DOCUMENT # <u>P94000082966</u> | |  | |
| 1. Entity Name MEDI-BILL OF NORTH FLORIDA, INC. | | | |
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| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Zip | |
| Country | | Country | |
| 4. FEI Number 59-3274637 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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: Wodrich, Michael A. Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Boulevard Suite 1500 City: Jacksonville FL Zip Code: 32207 | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE:  | | DATE: 4/25/08 | |
| Signature, typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when re-registering) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE: VP NAME: Patterson, Sarah L. STREET ADDRESS: 2165 HERSCHEL ST CITY-ST-ZIP: JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE: VP NAME: Williams, Bradley G STREET ADDRESS: 2165 Herschel Street CITY-ST-ZIP: Jacksonville, FL 32204 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VP NAME: Ponte, Robert A STREET ADDRESS: 2165 HERSCHEL ST CITY-ST-ZIP: JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE: VP NAME: Boswell, Bruce B. STREET ADDRESS: 2165 Herschel Street CITY-ST-ZIP: Jacksonville, FL 32204 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VP NAME: Crum, Paul M. Jr. STREET ADDRESS: 2165 HERSCHEL ST CITY-ST-ZIP: JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE: VP NAME: Boggs, Ralph B. STREET ADDRESS: 2165 Herschel Street CITY-ST-ZIP: Jacksonville, FL 32204 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VP NAME: Chen, Bai X STREET ADDRESS: 2165 HERSCHEL ST CITY-ST-ZIP: JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE: VP NAME: Flanagan, John C STREET ADDRESS: 2165 Herschel Street CITY-ST-ZIP: Jacksonville, FL 32204 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VP NAME: Lee, Edward M STREET ADDRESS: 2165 HERSCHEL ST. CITY-ST-ZIP: JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE: VP NAME: Moret, Jason A. STREET ADDRESS: 2165 Herschel Street CITY-ST-ZIP: Jacksonville, FL 32204 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VP NAME: Scott, John D. STREET ADDRESS: 2165 Herschel Street CITY-ST-ZIP: Jacksonville, FL 32204 | <input type="checkbox"/> Delete | TITLE: VP NAME: Stevenson, Matthew S STREET ADDRESS: 2165 Herschel Street CITY-ST-ZIP: Jacksonville, FL 32204 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an addendum, with all other like empowered. | | | |
| SIGNATURE:  | | DATE: 4/MAR/08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |
| | | Daytime Phone #: 904-387-4030 | |

66008227

2008 FOR-PROFIT CORPORATION ANNUAL REPORT

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| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3274637 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 Wodrich, Michael A. | | | |
| | | Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Boulevard | | | |
| | | Suite 1500 | | | |
| | | City Jacksonville | | FL Zip Code 32204 | |
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| SIGNATURE: 4/25/08 <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP 2165 HERSCHEL ST JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Baggett, Jason J. 2165 Herschel Street Jacksonville, FL 32204 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP 2165 HERSCHEL ST JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Salomone, Matthew M. 2165 Herschel Street Jacksonville, FL 32204 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP 2165 HERSCHEL ST JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Lineberry, Paul J 2165 Herschel Street Jacksonville, FL 32204 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP 2165 HERSCHEL ST JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP 2165 HERSCHEL ST. JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| SIGNATURE: | | | Date: 3/4/08 | | Device Phone #: 904-387-4030 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | <small>Device Phone #</small> |

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