

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90315 043 \*\*\*150.00

0023049 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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>TUNSTILL, STEPHEN L</b>	
STREET ADDRESS	<b>2165 HERSCHEL ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>PERRY, PHIL C</b>	
STREET ADDRESS	<b>2165 HERSCHEL ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>CHAPMAN, JAMES G</b>	
STREET ADDRESS	<b>2165 HERSCHEL ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	<b>LINEBERRY, PAUL J</b>	
STREET ADDRESS	<b>2165 HERSCHEL ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>GOLDBOLDT, ANTHONY G</b>	
STREET ADDRESS	<b>2165 HERSCHEL ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>SOHA, WALTER M</b>	
STREET ADDRESS	<b>2165 HERSCHEL ST.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32-2041</b>	

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Chen, Bai X</b>	
STREET ADDRESS	<b>2165 Herschel St</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32204</b>	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Crum, Paul M. Jr.</b>	
STREET ADDRESS	<b>2165 Herschel St</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32204</b>	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Greene, Roger W.</b>	
STREET ADDRESS	<b>2165 Herschel St</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32204</b>	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DONOVAN, KEVIN</b>	
STREET ADDRESS	<b>2165 HERSCHEL ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Harding, Katherine A</b>	
STREET ADDRESS	<b>2165 Herschel St</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32204</b>	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hernandez, Henry-Jim</b>	
STREET ADDRESS	<b>2165 Herschel St</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32204</b>	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

ATTACHMENT

P94000082966  
20037508

DOCUMENT # **P94000082966**

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TITLE	VP	<input type="checkbox"/> Delete
NAME	Kerr, III, James k	
STREET ADDRESS	2165 HERSCHEL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Koehler, David C	
STREET ADDRESS	2165 HERSCHEL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Lee, Edward M	
STREET ADDRESS	2165 HERSCHEL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	Boggs, Ralph B	
STREET ADDRESS	2165 HERSCHEL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Patterson, Sarah L	
STREET ADDRESS	2165 HERSCHEL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Ponte, Robert A	
STREET ADDRESS	2165 HERSCHEL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32-2041	

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roces, Armando J	
STREET ADDRESS	2165 Herschel St	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosenberg, Lee D	
STREET ADDRESS	2165 Herschel St	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott, John D	
STREET ADDRESS	2165 Herschel St	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, William T	
STREET ADDRESS	2165 HERSCHEL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
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		

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SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03