

**2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P94000082966

**Entity Name:** MEDI-BILL OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

1613 N. HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323

**Current Mailing Address:**

2165 HERSCHEL ST.  
JACKSONVILLE, FL 32204 US

**FEI Number: 59-3274637**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MARCUS, JILLIAN  
1613 N. HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323 US

*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: JILLIAN MARCUS**

**04/05/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           CEOD  
Name           GULMI, CLAIRE  
Address        1A BURTON HILLS BOULEVARD  
City-State-Zip: NASHVILLE TN 37215

Title           PD  
Name           COWARD, ROBERT  
Address        1613 N. HARRISON PARKWAY  
                  SUITE 200  
City-State-Zip: SUNRISE FL 33323

Title           VPS  
Name           MARCUS, JILLIAN  
Address        1613 N. HARRISON PARKWAY  
                  SUITE 200  
City-State-Zip: SUNRISE FL 33323

Title           VPT  
Name           EASTRIDGE, KEVIN  
Address        1A BURTON HILLS BOULEVARD  
City-State-Zip: NASHVILLE TN 37215

Title           EVP  
Name           DROZDOW, GILBERT  
Address        1613 N. HARRISON PARKWAY  
                  SUITE 200  
City-State-Zip: SUNRISE FL 33323

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JILLIAN MARCUS**

**VICE PRESIDENT**

**04/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date