FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JAN 23 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000082966 (0)**

1. Corporation Name
MEDI-BILL OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE FL 32202	ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/27/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2165 Herschel Street	26 2165 Herschel Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32204 Country 25 Duval	Zip 29 32204 Country 30 Duval

4. FEI Number: 59-3274637 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	TUNSTILL, STEPHEN L	1.2 NAME	TUNSTILL, STEPHEN L.	
STREET ADDRESS	ONE INDEPENDENT DRIVE STE 2301	1.3 STREET ADDRESS	2165 Herschel Street	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE		2.1 TITLE	D/V/S	☐ Change ☒ Addition
NAME		2.2 NAME	CHAPMAN, JAMES G.	
STREET ADDRESS		2.3 STREET ADDRESS	2165 Herschel Street	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE		3.1 TITLE	D/V/T	☐ Change ☒ Addition
NAME		3.2 NAME	PERRY, PHIL C.	
STREET ADDRESS		3.3 STREET ADDRESS	2165 Herschel Street	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE		4.1 TITLE	D/V	☐ Change ☒ Addition
NAME		4.2 NAME	STRONG, GERALD W.	
STREET ADDRESS		4.3 STREET ADDRESS	2165 Herschel Street	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE		5.1 TITLE	D/V	☐ Change ☒ Addition
NAME		5.2 NAME	ROCES, ARMANDO	
STREET ADDRESS		5.3 STREET ADDRESS	2165 Herschel Street	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	GREENE, ROGER W.	
STREET ADDRESS		6.3 STREET ADDRESS	2165 Herschel Street	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jacksonville, FL 32204	

$87 1125

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen L Tunstill 1/11/95 (904) 3876322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013038 CP