

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 13 1997 8:00am
Secretary of State

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|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P94000082966 (0)**

1. Corporation Name

MEDI-BILL OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

**2165 HERSCHEL ST.
JACKSONVILLE FL 32204
US**

**2165 HERSCHEL ST.
JACKSONVILLE FL 32204-3819
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

10/27/1994

3a. Date of Last Report

05/01/1996

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

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **TUNSTILL, STEPHEN L**
STREET ADDRESS **2165 HERSCHEL ST.**
CITY- ST- ZIP **JACKSONVILLE FL 32204** *Transfer*

1.1 TITLE **Paul J. Lineberry, M.D.** ☐ Change ☒ Addition
1.2 NAME **2165 Herschel Street**
1.3 STREET ADDRESS **Jacksonville, FL 32204** *V-P*
1.4 CITY- ST- ZIP

TITLE **DVS** ☐ DELETE
NAME **CHAPMAN, JAMES G**
STREET ADDRESS **2165 HERSCHEL ST.**
CITY- ST- ZIP **JACKSONVILLE FL 32204** *V-P*

2.1 TITLE **Lee D. Rosenberg, M.D.** ☐ Change ☒ Addition
2.2 NAME **2165 Herschel Street**
2.3 STREET ADDRESS **Jacksonville, FL 32204** *V-P*
2.4 CITY- ST- ZIP

TITLE **DVT** ☐ DELETE
NAME **PERRY, PHIL C**
STREET ADDRESS **2165 HERSCHEL ST.**
CITY- ST- ZIP **JACKSONVILLE FL 32204** *V-P*

3.1 TITLE **Katherine A. Harding, M.D.** ☐ Change ☒ Addition
3.2 NAME **2165 Herschel Street**
3.3 STREET ADDRESS **Jacksonville, FL 32204** *V-P*
3.4 CITY- ST- ZIP

TITLE **DV** ☒ DELETE
NAME **STRONG, GERALD W**
STREET ADDRESS **2165 HERSCHEL ST**
CITY- ST- ZIP **JACKSONVILLE FL**

4.1 TITLE **William T. Smith, M.D.** ☐ Change ☒ Addition
4.2 NAME **2165 Herschel Street**
4.3 STREET ADDRESS **Jacksonville, FL 32204** *V-P*
4.4 CITY- ST- ZIP

TITLE **DV** ☐ DELETE
NAME **ROCES, ARMANDO**
STREET ADDRESS **2165 HERSCHEL ST.**
CITY- ST- ZIP **JACKSONVILLE FL 32204** *V-P*

5.1 TITLE **J. Knox Kew, M.D.** ☐ Change ☒ Addition
5.2 NAME **2165 Herschel St**
5.3 STREET ADDRESS **Jacksonville, FL 32204** *V-P*
5.4 CITY- ST- ZIP

TITLE **D** ☐ DELETE
NAME **GRENE, ROGER W.**
STREET ADDRESS **2165 HERSCHEL ST.**
CITY- ST- ZIP **JACKSONVILLE FL 32204** *V-P*

6.1 TITLE **Anthony O. Godboldt, MD** ☐ Change ☒ Addition
6.2 NAME **2165 Herschel Street**
6.3 STREET ADDRESS **Jacksonville, FL 32204** *V-P*
6.4 CITY- ST- ZIP

14. I do 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 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

[Signature]

01/16/97

904-387-6322

CR2E034 (9/96)