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FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

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 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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	DP	☐ DELETE	1.1 TITLE	D VP	☐ Change ☒ Addition
NAME	TUNSTILL, STEPHEN L		1.2 NAME	Katherine A. Harding	
STREET ADDRESS	2165 HERSCHEL ST.		1.3 STREET ADDRESS	2165 Herschel St.	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	VPDS	☐ DELETE	2.1 TITLE	D VP	☐ Change ☒ Addition
NAME	CHAPMAN, JAMES G		2.2 NAME	James K. Kerr, III	
STREET ADDRESS	2165 HERSCHEL ST.		2.3 STREET ADDRESS	2165 Herschel St.	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	VPDT	☐ DELETE	3.1 TITLE	D VP	☐ Change ☒ Addition
NAME	PERRY, PHIL C		3.2 NAME	Paul J. Lineberry	
STREET ADDRESS	2165 HERSCHEL ST.		3.3 STREET ADDRESS	~~8601~~ 2165 Herschel St.	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	VP	☐ DELETE	4.1 TITLE	D VP	☐ Change ☒ Addition
NAME	SMITH, WILLIAM T		4.2 NAME	Lee D. Rosenberg	
STREET ADDRESS	2165 HERSCHEL ST		4.3 STREET ADDRESS	2165 Herschel St.	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	DVVP	☐ DELETE	5.1 TITLE	D VP	☐ Change ☒ Addition
NAME	ROCES, ARMANDO		5.2 NAME	William T. Smith	
STREET ADDRESS	2165 HERSCHEL ST.		5.3 STREET ADDRESS	2165 Herschel Street	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville FL 32204	
TITLE	DVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	~~GREME~~, ROGER W. Greene		6.2 NAME		
STREET ADDRESS	2165 HERSCHEL ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 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: _____ 4/23/98