

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90130 019 \*\*\*150.00

**DOCUMENT # P94000082966**

1. Corporation Name

MED-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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1994

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

24 25

29 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 the current year Intangible  
Personal Property Tax. ☐ 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 DVP ☐ DELETE  
NAME HARDING, KATHERINE A  
STREET ADDRESS 2165 HERSCHEL ST  
CITY-ST-ZIP JACKSONVILLE FL 32204

1.1 TITLE DVP ☐ Change ☒ Addition  
1.2 NAME Soha, Walter M.  
1.3 STREET ADDRESS 2165 Herschel ST.  
1.4 CITY-ST-ZIP Jacksonville, FL 32204

TITLE DVP ☐ DELETE  
NAME KERR, JAMES K III  
STREET ADDRESS 2165 HERSCHEL ST  
CITY-ST-ZIP JACKSONVILLE FL 32204

2.1 TITLE DVP ☐ Change ☐ Addition  
2.2 NAME Baggs, Ralph, B.  
2.3 STREET ADDRESS 2165 Herschel ST.  
2.4 CITY-ST-ZIP Jacksonville, FL 32204

TITLE DVP ☐ DELETE  
NAME LINEBERRY, PAUL J  
STREET ADDRESS 2165 HERSCHEL ST  
CITY-ST-ZIP JACKSONVILLE FL 32204

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DVO ☐ DELETE  
NAME ROSENBERG, LEE D  
STREET ADDRESS 2165 HERSCHEL ST  
CITY-ST-ZIP JACKSONVILLE FL 32204

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE  
NAME SMITH, WILLIAM T  
STREET ADDRESS 2165 HERSCHEL ST  
CITY-ST-ZIP JACKSONVILLE FL 32204

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE  
NAME GREENE, ROGER W  
STREET ADDRESS 2165 HERSCHEL ST.  
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Signature of Stephen L. Tindley* 4/15/99 (904) 387-6322

CR2E034 (11/98)