

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

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

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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P94000082966**

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



|   |   |
|---|---|
| Principal Place of Business<br>2165 HERSCHEL ST.<br>JACKSONVILLE FL 32204<br>US | Mailing Address<br>2165 HERSCHEL ST.<br>JACKSONVILLE FL 32204<br>US |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |                     |  |   |
|---|---------------------|--|---|
| 2. Principal Place of Business                  |                     | 2a. Mailing Address                          | 3. Date Incorporated or Qualified<br><b>10/27/1994</b>  |
| 21  | Suite, Apt. #, etc. | 26   | 4. FEI Number<br><b>59-3274637</b>  |
| 22  | City & State        | 27   | Applied For<br>Not Applicable   |
| 23  | Zip Country         | 28   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
| 24  | 25                  | 29   | 30  |
| 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   | 85        | Zip Code |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |           |          |
| 83 |  |           |          |
| 84 | City   | <b>FL</b> |          |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------------------|---|--|
| TITLE                      | DVP <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | HARDING, KATHERINE A                | 1.2 NAME  | <b>DVP</b>   |
| STREET ADDRESS             | 2165 HERSCHEL ST                    | 1.3 STREET ADDRESS                                    | <b>Soha, Walter M.</b>   |
| CITY-ST-ZIP                | JACKSONVILLE FL 32204               | 1.4 CITY-ST-ZIP                                       | <b>2165 Herschel ST.</b>   |
| TITLE                      | DVP <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | KERR, JAMES K III                   | 2.2 NAME  | <b>DVP</b>   |
| STREET ADDRESS             | 2165 HERSCHEL ST                    | 2.3 STREET ADDRESS                                    | <b>Baggs, Ralph, B.</b>  |
| CITY-ST-ZIP                | JACKSONVILLE FL 32204               | 2.4 CITY-ST-ZIP                                       | <b>2165 Herschel ST.</b>   |
| TITLE                      | DVP <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | LINEBERRY, PAUL J                   | 3.2 NAME  |  |
| STREET ADDRESS             | 2165 HERSCHEL ST                    | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | JACKSONVILLE FL 32204               | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DVO <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | ROSENBERG, LEE D                    | 4.2 NAME  |  |
| STREET ADDRESS             | 2165 HERSCHEL ST                    | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | JACKSONVILLE FL 32204               | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DVP <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SMITH, WILLIAM T                    | 5.2 NAME  |  |
| STREET ADDRESS             | 2165 HERSCHEL ST                    | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | JACKSONVILLE FL 32204               | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DVP <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | GREENE, ROGER W                     | 6.2 NAME  |  |
| STREET ADDRESS             | 2165 HERSCHEL ST.                   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | JACKSONVILLE FL                     | 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: Stephan L. Tindall Date: 4/15/99 Daytime Phone #: (904) 387-6322

CR2E034 (1/198)