

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P94000082966**1. Entity Name
MEDI-BILL OF NORTH FLORIDA, INC.**FILED**
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90338 049 ***150.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3274637**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HARDING, KATHERINE A 2165 HERSCHEL ST JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KERR, JAMES K III 2165 HERSCHEL ST JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LINEBERRY, PAUL J 2165 HERSCHEL ST JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVO ROSENBERG, LEE D 2165 HERSCHEL ST JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, WILLIAM T 2165 HERSCHEL ST JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GREENE, ROGER W 2165 HERSCHEL ST. JACKSONVILLE FL	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stephen L. Tunstall, 2165 Herschel St Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treasurer Perry, Phil C 2165 Herschel St Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Chapman, James G. 2165 Herschel St Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Roces, Armando J. 2165 Hershel St Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Godboldt, Anthony O. 2165 Herschel St Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Soha, Walter M. 2165 Herschel St Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 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 #

CR2E034 (10/00)

2001 UNIFORM BUSINESS REPORT.(UBR)

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Trust Fund Contribution. ☐

\$5.00 May Be
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11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP** ☐ Delete
NAME **HARDING, KATHERINE A**
STREET ADDRESS **2165 HERSCHEL ST**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Scott, John D.**
STREET ADDRESS **2165 Herschel Str**
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**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Donovan, Kevin L.**
STREET ADDRESS **2165 Herschel St**
CITY-ST-ZIP **Jacksonville, FL 32204**

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

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
D# P94000082966
00625052



Paul J. Smith CFO

2/5/01

904 587 4030