

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**  
 05-09-2002 90047 008 \*\*\*150.00

**DOCUMENT # P94000082966**

1. Entity Name

**MEDI-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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tunstall, Stephen L, 2165 Herschel St Jacksonville, FL 32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Perry, Phil C 2165 Herschel St Jacksonville, FL 32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Chapman, James G 2165 Herschel St Jacksonville, FL 32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Roces, Armando J 2165 Herschel St Jacksonville, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Godboldt, Anthony G 2165 Herschel St Jacksonville, FL 32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Soha, Walter M 2165 Herschel St Jacksonville, FL 32204	<input type="checkbox"/> Change <input 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 #

4/23/02 904-387-4030

CR2E034 (9/01)

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DOCUMENT # P94000082966

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MEDI-BILL OF NORTH FLORIDA, INC.

1786744

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JACKSONVILLE FL 32204  
US

Mailing Address

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JACKSONVILLE FL 32204  
US

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3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Patterson, Sarah L 2165 HERSCHEL ST JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Ponte, Robert A 2165 HERSCHEL ST JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVO Crum Jr, Paul M 2165 HERSCHEL ST JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Lee, Edward M 2165 HERSCHEL ST JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Hernandez, Henry-Jim 2165 HERSCHEL ST. JACKSONVILLE FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Scott, John D 2165 Herschel St Jacksonville, FL 32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Donovan, Kevin L 2165 Herschel St Jacksonville, FL 32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Chen, Bai X 2165 Herschel St Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Koehler, David C 2165 Herschel St Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

8/23/02

904.387.1030

11/10/2002