**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 09, 2002 8:00 am g Secretary of State DOCUMENT # P94000082966 1. Entity Name MEDI-BILL OF NORTH FLORIDA, INC. 05-09-2002 90047 008 \*\*\*150.00 Principal Place of Business Mailing Address 2165 HERSCHEL ST. 2165 HERSCHEL ST. JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3274637 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name-AKEL, EDWARD C Street Address (P.O. Box Number is Not Acceptable) 1 INDEPENDENT DR. **SUITE 2301** JACKSONVILLE FL 32202 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DVP ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition NAME HARDING, KATHERINE A Tunstill, StephenIL, NAME 2165 Herschel St STREET ADDRESS 2165 HERSCHEL ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32204 Jacksonville, FL CITY-ST-ZIP 32204 TITLE ST ☐ Delete TITLE ☐ Change ☐ Addition NAME Perry, Phil C KERR, ; JAMES K III NAME STREET ADDRESS 2165 HERSCHEL ST STREET ADDRESS 2165 Herschel St CITY-ST-ZIP JACKSONVILLE FL 32204 CITY-ST-7iP Jacksonville, FL 32204 TITLE ☐ Delete VP Chapman, James G TITLE ☐ Change ☐ Addition NAME LINEBERRY, PAUL J NAME STREET ADDRESS 2165\_Herschel\_St 2165 HERSCHEL ST STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32204 Jacksonville, FL 32204 CITY-ST-ZIP TITLE DVO ☐ Delete TITI F VΡ Change ☐ Addition NAME Rosenberg, Lee D Roces, Armando J NAME STREET ADDRESS 2165 HERSCHEL ST STREET ADDRESS 2165 Herschel St CITY-ST-ZIP JACKSONVILLE FL 32204 CITY-ST-7IP Jacksonville, FL TITLE DVP ☐ Delete TITLE Change ☐ Addition NAME SMITH, WILLIAM T Godboldt, Anthony G NAME STREET ADDRESS 2165 HERSCHEL ST 2165 Herschel St STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32204 Jacksonville, FL 32204 CITY-ST-7IP TITLE DVP ۷P ☐ Delete TITLE ☐ Change ☐ Addition Soha, Walter M NAME GREENE, ROGER W NAME STREET ADDRESS 2165 HERSCHEL ST. 2165 Herschel St STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Jacksonville, FL 32204 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

SIGNATURE:

changed, or on an attachment with an add

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGN

ss, with all other like empowered

DOCUMENT # P94  1. Entity Name  MEDI-BILL OF NORTH FLORIDA,	000082966 INC. 786	744			,	
Principal Place of Business 2165 HERSCHEL ST. JACKSONVILLE FL 32204 US	Mailing Address 2165 HERSCHEL ST. JACKSONVILLE FL 3221 US	04				
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NC	DO NOT WRITE IN THIS SPACE		
City & State	City & State		4. FEI Number 59-327		Applied For	
Zip Country	Zip	Country	5. Certificate of Status De	sired	Not Applicable  5 Additional	
6. Name and Address of Curr	rent Registered Agent		7. Name and Address of	New Registered Agent	quired	
AKEL, EDWARD C 1 INDEPENDENT DR. SUITE 2301 JACKSONVILLE FL 32202	ر المحمد الم	Street A	Address (P.O. Box Number is Not Acce	eptable)		
8. The above named entity submits this statement signature. Signature, typed or printed name of registered eg.  9. This corporation is eligible to satisfy its intanging Tax filing requirement and elects to do so. (See criteria on back)	pent and title if applicable. (NOT	TE: Registered Agent signatu	ure required when reinstating)  10 10. Election Campaig	DATE	5.00 May Be	
	ND DIRECTORS	12.	ADDITIONS/CHANGES TO			
NAME BOGGS, Ralph B STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32204 TITLE DVP	☐ Delete	NAME STREET ADDRESS	DVP Scott, John D 2165 Herschel St Jacksonville, FL	☐ Cha		
NAME Patterson, Sarah STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32204	n L	NAME I STREET ADDRESS 2	OVP Donovan, Kevin L 2165 Herschel St Jacksonville, FL	□ Chair	ge 🔲 Addition	
DVP PONTE, ROBERT A STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32204	☐ Delete	TITLE C NAME STREET ADDRESS. 2	OVP Chen, Bai X 2165 Herschel St acksonville, FL	Chan	ge X K X Addition	
DVO Crum Jr, Paul M STREET ADDRESS CITY-ST-ZIP  DVO Crum Jr, Paul M 2165 HERSCHEL ST JACKSONVILLE FL 32204	☐ Delete	TITLE D NAME K STREET ADDRESS 2	OVP coehler, David C 165 Herschel St	☐ Chang	e XKMAddition	
ITTLE DVP  Lee, Edward M  TREET ADDRESS ITY-ST-ZIP  JACKSONVILLE FL 32204	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	acksonville, FL	<u>32204</u> ☐ Chang	e Addition	
DVP Hernandez, Henry REET ADDRESS TY-ST-ZIP JACKSONVILLE FL	−Jim □ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition	

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

GNATURE:

SIGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE OR DESCRIPTION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delb Device Provided Statutes of Signing Officer Or Director Or Delb Device Provided Statutes of Signature And Statutes of Signature

SIGNATURE:

904.387.4050