2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2005 8:00 am Secretary of State 03-31-2005 90059 036 ***150.00

1. Entity Name	MENT # P94000082 OF NORTH FLORIDA, INC					05 51 2005 50055 050 150.00		
Principal Place 2165 HERSCH JACKSONVILLI	IEL ST.	Mailing Address 2165 HERSCHEL ST. JACKSONVILLE, FL 322	204 U	JS	'	50032866		
2. Principal Pla	ace of Business	3. Mailing Address						
Suite, Apt.	ŧ, etc.	Suite, Apt. #, etc.				01252005 Chg-P CR2E034 (10/03)		
City & State		City & State				4. FEI Number Applied For 59-3274637 Not Applicable		
Zip	Country	Zip	Count	try		5. Certificate of Status Desired S8.75 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 Zip Code				
the obligati	named entity submits this statement for ons of registered agent. Signature, typed or printed name of registered agent			ed office or re		ered agent, or both, in the State of Florida. I am familiar with, and accept		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign F Trust Fund Contribut				ncing	\$5 Add	5.00 May Be		
10.	OFFICERS AND		11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	P TUNSTILL, STEPHEN L 2165 HERSCHEL ST JACKSONVILLE, FL 32204	☐ Delete			21	P ☐ Change ☐ Addition ☐ Change ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Ch		
TITLE NAME STREET ADDRESS; CITY-ST-ZIP	ST PERRY, PHIL C. 2165 HERSCHEL ST JACKSONVILLE, FL 32204	☐ Delete	1		VP Gr 21			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. CHAPMAN, JAMES G 2165 HERSCHEL ST JACKSONVILLE, FL 32204	☐ Delete		-1	VP Sm 21 Ja	P Change Addition mith, William T. 165 Herschel St acksonville, FL 32204		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONOVAN, KEVIN 2165 HERSCHEL ST JACKSONVILLE, FL 32204	□ Delete		1	21	P Change Addition arding, Katherine A. 165 Herschel St acksonville, FL 32204		
TITLE , NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDBOLDT, ANTHONY G 2165 HERSCHEL ST JACKSONVILLE, FL 32204	_ Delete			21 Ja	err, James K. III 165 Herschel St acksonville, FL 32204		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOHA, WALTER M 2165 HERSCHEL ST. JACKSONVILLE, FL 322041	□ Delete	CITY	AE EET ADDRESS (-St-ZIP	21 Ja	osenberg, Lee D. 165 Herschel St acksonville, FL 32204		
12. I hereby indicated of the co-	certify that the information supplied wit on this report or supplemental report in reporation or the receiver or trastee emp , or on an attachment with an address,	n this filing does not qualify for s true and accurate and that owered to execute this repo- with all other like propowered	or the exe by signa as requ	emption state ature shall ha ired by Char	ed in S ave the pter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information to same legal effect as if made under oath; that I am an officer or director 307, Florida Statutes; and that my name appears in Block 10 or Block 11 if		

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DOCUMENT # P94000082 1. Entity Name MEDI-BILL OF NORTH FLORIDA, IN				ATTACHMENT					
Principal Place of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·							
2165 HERSCHEL ST. Jacksonville, Fl. 32204 US	2165 HERSCHEL ST. JACKSONVILLE, FL 322	04 US		50032866					
2. Principal Place of Business	3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.			01252005 Chg-P CR2E034 (10/03)					
City & State	City & State			4. FEI Number Applied For 59-3274637 Not Applicable					
Zip Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Curren	Registered Agent			7. Name and Address of New Registered Agent					
AKEL, EDWARD C		Name	Name						
1 INDEPENDENT DR. SUITE 2301	j	Stree	Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE, FL 32202		j							
		City	1 1111 20	FL Zip Code					
The above named entity submits this statement the obligations of registered agent.	or the purpose of changing its	registered office	or registė	ered agent, or both, in the State of Florida. 1 am familiar with, and accept					
SIGNATURE		- .							
Signature, typed or printed name of registered ager	it and title if applicable. (NOTE	: Registered Agent si	ynature require	d when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10. OFFICERS AN	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
NAME Patterson Sar	☐ Delete	TITLE	VP						
NAME Patterson, Sar	an L.	NAME STREET ADDRE		pehler, David C. 65 Herschel St					
CITY-ST-ZIP JACKSONVILLE, FL 32204		CITY-\$T-ZIP	Ja	cksonville, FL 32204					
TIME VP	Delete	TITLE	VP						
NAME FPONTE, Robert STREET ADDRESS 2165 HERSCHEL ST	n.	NAME Street addre	s W1	.lliams, Bradley G. 65 Herschel St					
CITY-ST-ZIP JACKSONVILLE, FL 32204		CITY-ST-ZIP	Ja	cksonville, FL 32204					
mue - VP	Delete	TITLE	VP						
NAME Crum, Paul M.	Jr.	name Street addre	1 71	oggs, Ralph B. 65 Herschel St					
CITY-ST-ZIP JACKSONVILLE, FL 32204		CITY-ST-ZIP		cksonville, FL 32204					
ITILE VP	☐ Delete	MLE	VP	☐ Change ☐ Addition					
NAME Chen, Bai X.		NAME	Bos	swell, Bruce B. 65 Herschel Str					
STREET ADDRESS 2165 HERSCHEL ST CITY-ST-ZIP JACKSONVILLE, FL 32204		STREET ADDRE	S 216	65 Herschel Str cksonville, FL 32204					
TITLE VP	☐ Oelete	TITLE	Juan	CRSOIIVIIIE, FL 32204 ☐ Change ☐ Addition					
NAME Lee, Edward M.	,	NAME	1						
STREET ADDRESS 2165 HERSCHEL ST CITY-ST-ZIP JACKSONVILLE, FL 32204		STREET ADDRE	ss	·					
TIME VP	. Delete	TITLE	+ -	☐ Change ☐ Addition					
NAME Scott, John D.	□ Delete	NAME		C orange Haditori					
STREET ADDRESS 2165 HERSCHEL ST.		STREET ADDRE	ss						
CITY-ST-ZIP JACKSONVILLE, FL 322041	th China daes	CITY-ST-ZIP	atatad := ^	Castian 110 07/QVD Florido Statutos I trabas antitutas ta infrare					
12. I hereby certify that the information supplied with this filling 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 employeded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: Stephen L. Tunstill, m. 1) 3/22/65 904-387-4030									