


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90015 018 \*\*\*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
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40030400



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01032007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3274637	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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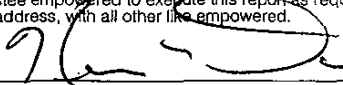
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUNSTILL, STEPHEN L 2165 HERSCHEL ST JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Tunstill, Stephen L. 2165 Herschel St Jacksonville, FL 32204 <input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONOVAN, KEVIN 2165 HERSCHEL ST JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Donovan, Kevin 2165 Herschel St Jacksonville, FL 32204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDBOLDT, ANTHONY G 2165 HERSCHEL ST JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin L. Donovan 03/26/07 904-387-4030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ATTACHMENT

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2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3274637</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AKEL, EDWARD C 1 INDEPENDENT DR. SUITE 2301 JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>VP Patterson, Sarah L. 2165 HERSCHEL ST JACKSONVILLE, FL 32204</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>VP Ponte, Robert A. 2165 HERSCHEL ST JACKSONVILLE, FL 32204</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>VP Roces, Armando J. 2165 HERSCHEL ST JACKSONVILLE, FL 32204</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>VP Rosenberg, Lee D. 2165 HERSCHEL ST JACKSONVILLE, FL 32204</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>VP Scott, John D. 2165 HERSCHEL ST JACKSONVILLE, FL 32204</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>VP Smith, William T. 2165 HERSCHEL ST. JACKSONVILLE, FL 322041</b>	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <span style="float: right;"><b>03/26/07</b> <b>904-387-4030</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

45055483


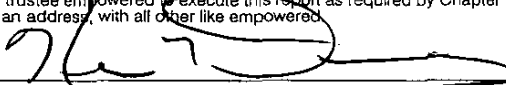
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01032007    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-3274637	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Flanagan, John C. 2165 HERSCHEL ST JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Greene, Roger W. 2165 HERSCHEL ST JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kerr, James K. III 2165 HERSCHEL ST JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lee, Edward M. 2165 HERSCHEL ST JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Moret, Jason A. 2165 HERSCHEL ST JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Nitssche, Timothy J. 2165 HERSCHEL ST. JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Koehler, David C 2165 HERSCHEL ST JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Koehler, David C. 2165 Herschel St Jacksonville, FL 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Harding, Katherine A. 2165 HERSCHEL ST JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Harding, Katherine A. 2165 Herschel St Jacksonville, FL 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Boggs, Ralph B. 2165 HERSCHEL ST JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stevenson, Matthew S. 2165 Herschel St Jacksonville, FL 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Boswell, Bruce B. 2165 HERSCHEL ST JACKSONVILLE, FL 32204		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Chen, Bai X. 2165 HERSCHEL ST JACKSONVILLE, FL 32204		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Crum, Paul M. Jr. 2165 HERSCHEL ST. JACKSONVILLE, FL 32204		Change Addition		
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<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Williams, Bradley G. 2165 HERSCHEL ST JACKSONVILLE, FL 32204				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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