2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 10, 2007 8:00 am Secretary of State DOCUMENT # P94000082966 04-10-2007 90015 018 ***150.00 MEDÍ-BILL OF NORTH FLORIDA, INC. Principal Place of Business Mailing Address 400000400 2165 HERSCHEL ST. 2165 HERSCHEL ST. JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32204 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3274637 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 1S \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ☐ Addition TUNSTILL, STEPHEN L Tunstill, Stephen L. 2165 Herschel St NAME NAME 2165 HERSCHEL ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204 CITY-ST-ZIP Jacksonville, FL 32204 X Delete TITLE TITLE Change Addition PERRY, PHIL C NAME NAME STREET ADDRESS 2165 HERSCHEL ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CHAPMAN, JAMES G NAME STREET ADDRESS 2165 HERSCHEL ST STREET ADDRESS JACKSONVILLE, FL 32204 CITY-ST-ZIP CITY-ST-ZIP VP TITLE ☐ Delete Change TITLE ☐ Addition DONOVAN, KEVIN NAME Donovan, Kevin STREET ADDRESS 2165 HERSCHEL ST STREET ADDRESS 2165 Herschel St CITY-ST-ZIP JACKSONVILLE, FL 32204 CITY-ST-7IP 32204 <u>Jacksonville,</u> TITLE ☐ Delete Change ☐ Addition TITLE NAME GOLDBOLDT, ANTHONY G NAME 2165 HERSCHEL ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME SOHA, WALTER M NAME 2165 HERSCHEL ST STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 322041 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

L. Donovan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

changed, or on an attachment with

SIGNATURE:

2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT #P94000082966 1. Entity Name MEDI-BILL OF NORTH FLORIDA, INC.			ATTACHME:	NT			
Principal Place of Business 2165 HERSCHEL ST. JACKSONVILLE, FL 32204 US	Mailing Address 2165 HERSCHEL ST. JACKSONVILLE, FL 322	04 UŞ					
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		400554	£83			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01032007 Chg-P C	R2E034 (12/06)			
City & State	City & State		4. FEI Number 59-3274637	Applied For Not Applicable			
Zip Country	Zip	Country	5. Certificate of Status Desired Status Desired See Required				
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Regis	tered Agent			
AKEL, EDWARD C 1 INDEPENDENT DR.		Street Address (Street Address (P.O. Box Number is Not Acceptable)				
SUITE 2301 JACKSONVILLE, FL 32202							
		City		FL Zip Code			
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its	registered office or registe	red agent, or both, in the State of Florida	. I am familiar with, and accept			
SIGNATURE				·			
Signature, typed or printed name of registered agen	and title if applicable. (NOTE	E: Registored Agent signature require	d when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.	9. Election Campai Trust Fund Contr		.00 May Be ded to Fees				
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICER				
NAME Patterson, Sarah STREET ADDRESS 2165 HERSCHEL ST CITY-ST-ZIP JACKSONVILLE, FL 32204	□ Delete □ L.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE VP	☐ Delete	TITLE		☐ Change ☐ Addition			
NAME Ponte, Robert A. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204		NAME STREET ADDRESS CITY-ST-ZIP					
TITLE VP	☐ Delete	TITLE		☐ Change ☐ Addition			
NAME ROCES, Armando S STREET ADDRESS 2165 HERSCHEL ST CITY-ST-ZIP JACKSONVILLE, FL 32204	•	NAME STREET ADORESS CITY-ST-ZIP					
TITLE VP	☐ Delete	TITLE		☐ Change ☐ Addition			
NAME Rosenberg, Lee I STREET ADDRESS 2165 HERSCHEL ST CITY-ST-ZIP JACKSONVILLE. FL 32204).	NAME STREET ADDRESS CITY-ST-ZIP	·				
πιε VP	☐ Delete	TITLE		☐ Change ☐ Addition			
NAME Scott, John D. STREET ADDRESS 2165 HERSCHEL ST		NAME STREET ADDRESS					
CITY-ST-ZIP JACKSONVILLE, FL 32204	_	CITY-ST-ZIP					
NAME VP Smith, William	. Delete	TITLE NAME	•	☐ Change ☐ Addition			
STREET ADDRESS 2165 HERSCHEL ST.	• •	STREET ADORESS					
12. I hereby certify that the information supplied with	h this filling does not qualify to	CITY-ST-ZIP	d in Chapter \$10. Florida Statutes furth	ner certify that the information			
indicated on this report or supplemental report of the corporation or the receiver or trustee empchanged, or on an attachment with an address,	in true and accurate and that n	m, alcostura chall have the	same legal effect as if made under oath; 7, Florida Statutes; and that my name ap	that I am an officer or director			

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT DOCUMENT #P94000082966 1. Entity Name MEDÍ-BILL OF NORTH FLORIDA, INC. Principal Place of Business Mailing Address 2165 HERSCHEL ST. 2165 HERSCHEL ST. JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32204 US 40055483 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-P CR2E034 (12/06) City & State City & State 4. EEI Number Applied For 59-3274637 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 VΡ TITLE Delete TITLE Change ☐ Addition NAME NAME Flanagan, John C. 2165 HERSCHEL ST STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32204 CITY-ST-7IE CITY-ST-7IP ☐ Change Addition TITLE VP Delete TITLE Greene, Roger W. 2165 HERSCHELST NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32204 TITLE **VP** ☐ Delete ппе Change Change ☐ Addition Kerr, James K. III NAME NAME 2165 HERSCHEL ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME Lee, Edward M. NAME STREET ADDRESS 2165 HERSCHEL ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition Moret, Jason A. NAME NAME STREET ADDRESS 2165 HERSCHEL ST STREET ADDRESS JACKSONVILLE, FL 32204 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME Nitzsche, Timothy J. NAME STREET ADDRESS | 2165 HERSCHEL ST. STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL 322041 CAY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 te 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.

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DOCUMENT # P9400082966 1. Entity Name MEDI-BILL OF NORTH FLORIDA, INC:				ATTA	CHME	101			
Principal Place 2165 HERSCI JACKSONVILL	HEL ST.	Mailing Address 2165 HERSCHEL ST. JACKSONVILLE, FL 32204 US		.1	15) 1-7	-110	2		
Principal Place of Business - No P.O. Box #			<u> </u>	4	0055	5,48	<u>ح</u>		
Suite, Apt. #, etc. Suite, Apt. #, etc.				01032007	Chg-P	CR2E03	4 (12/06)		
City & State	City & State City & State				4. FEI Numbe 59-327			Not	olled For Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Addi ee Required	
	6. Name and Address of Current F	Registered Agent	, him		7. Name and	Address of New	Registered Ac	gent	
AKEL, EDWARD C			Name Street Address (P.D. Box Number is Not Acceptable)						
1 INDEPENDENT DR. SUITE 2301 JACKSONVILLE, FL 32202									
		·	City	/			FL	Zip Code	!
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SIGNATURE									
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10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Koehler, David C 2165 HERSCHEL ST JACKSONVILLE FL 32204	Delete	TITLE NAME STREET ADD CITY-ST-ZIP	RESS 21	65 Hers	David C chel St lle, FL		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Harding, Katheri 2165 HERSCHEL ST JACKSONVILLE, FL 32204	ne A. Delete	TITLE NAME STREET ADOP CITY-ST-ZIP	RESS 210	65 Hers	Katherinchel St lle, FL		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Boggs, Ralph B. 2165 HERSCHEL ST JACKSONVILLE, FL 32204	□ Deixte	TITLE NAME STREET ADDR CITY-ST-ZIP	_{RESS} 210	65 Hers	, Matthe chel St lle, FL	ew S. 3220	Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Boswell, Bruce B 2165 HERSCHELST JACKSONVILLE, FL 32204	□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP			·		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Chen, Bai X. 2165 HERSCHEL ST JACKSONVILLE, FL 32204	□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2165 HERSCHEL ST. JACKSONVILLE, FL 322041	Delete	TITLE NAME STREET ADDE CITY-ST-ZIP					Change	☐ 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 resolve 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.									

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ANNUAL REPORT			All II. T. Malpini			
DOCUMENT # P9400082966 1. Entity Name MEDI-BILL OF NORTH FLORIDA, INC.						
Principal Place of Business 2165 HERSCHEL ST. JACKSONVILLE, FL 32204 US	Mailing Address 2165 HERSCHEL S JACKSONVILLE, FL		10065102			
2. Principal Place of Business - No F	2.O. Box # . 3. Mailing Address		40055483			
Suite, Apt. #, etc. Suite, Apt. #, etc.			01032007 Chg-P CR2E034 (12/06)			
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			
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AKEL, EDWARD C 1 INDEPENDENT DR.			s (P.D. Box Number is Not Acceptable)			
SUITE 2301 JACKSONVILLE, FL 32202						
37.07.00		City	FL Zip Code			
The above named entity submits to the obligations of registered agen		ing its registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE		·	grad when reinstating) DATE			
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10.	DFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE VP NAME Williams, STREET ADDRESS 2165 HERSCHEL CITY-ST-ZIP JACKSONVILLE, F		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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