

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000082966

FILED
Jan 17, 2011
Secretary of State

Entity Name: MEDI-BILL OF NORTH FLORIDA, INC.

Current Principal Place of Business:

2165 HERSCHEL ST.
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

2165 HERSCHEL ST.
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-3274637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODRICH, MICHAEL A
1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP
Name: TUNSTILL, STEPHEN L
Address: 2165 HERSCHEL ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP
Name: CHAPMAN, JAMES G
Address: 2165 HERSCHEL ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: CEO
Name: DONOVAN, KEVIN
Address: 2165 HERSCHEL ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP
Name: GOLDBOLDT, ANTHONY G
Address: 2165 HERSCHEL ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP
Name: SOHA, WALTER M
Address: 2165 HERSCHEL ST.
City-St-Zip: JACKSONVILLE, FL 322041

Title: VP
Name: ROSENBERG, LEE D
Address: 2165 HERSCHEL STREET
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN L TUNSTILL, MD

VPD

01/17/2011

Electronic Signature of Signing Officer or Director

_____ Date