2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90315 043 ***150.00

002349 AV

DOCUMENT # P94000082966

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

Principal Place of Business	Mailing Address
2165 HERSCHEL ST. JACKSONVILLE FL 32204 US	2165 HERSCHEL ST. JACKSONVILLE FL 32204 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3274637 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AKEL, EDWARD C
1 INDEPENDENT DR.
SUITE 2301
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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 _____
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	☐ Delete	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	ST PERRY, PHIL C 2165 HERSCHEL ST JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Crum, Paul M. Jr. 2165 Herschel St Jacksonville, FL 32204	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHAPMAN, JAMES G 2165 HERSCHEL ST JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Greene, Roger W. 2165 Herschel St Jacksonville, FL 32204	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP LINEBERRY, PAUL J 2165 HERSCHEL ST JACKSONVILLE FL 32204	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DONOVAN, KEVIN 2165 HERSCHEL ST JACKSONVILLE FL 32204	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOLDBOLDT, ANTHONY G 2165 HERSCHEL ST JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Harding, Katherine A 2165 Herschel St Jacksonville, FL 32204	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SOHA, WALTER M 2165 HERSCHEL ST. JACKSONVILLE FL 32-2041	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Hernandez, Henry-Jim 2165 Herschel St Jacksonville, FL 32204	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/28/3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

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200037508

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Kerr, III, James k 2165 HERSCHEL ST JACKSONVILLE FL 32204	☐ Delete	VP Roces, Armando J 2165 Herschel St Jacksonville, FL 32204	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP' Koehler, David C 2165 HERSCHEL ST JACKSONVILLE FL 32204	☐ Delete	VPRosen Rosenberg, Lee D 2165 Herschel St Jacksonville, FL 32204	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Lee, Edward M 2165 HERSCHEL ST JACKSONVILLE FL 32204	☐ Delete	VPScott Scott, John D 2165 Herschel St Jacksonville, FL 32204	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Boggs, Ralph B 2165 HERSCHEL ST JACKSONVILLE FL 32204	☑ Delete	VP Smith, William T 2165 HERSCHEL ST JACKSONVILLE FL 32204	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Patterson, Sarah L 2165 HERSCHEL ST JACKSONVILLE FL 32204	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Ponte, Robert A 2165 HERSCHEL ST. JACKSONVILLE FL 32-2041	☐ Delete		☐ Change	☐ Addition

CR2E034 (01/03)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #