

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90153 013 \*\*\*150.00

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**DOCUMENT # 471112**

1. Entity Name

BLUMBERG, RIPSTEIN & VALDES, M.D, INC.



Principal Place of Business  
2601 S BAYSHORE DR #500  
COCONUT GROVE FL 33133  
US

Mailing Address  
2601 S BAYSHORE DR #500  
COCONUT GROVE FL 33133  
US

2. Principal Place of Business

100 Myles Standish Blvd

Suite, Apt. #, etc.

3. Mailing Address

100 Myles Standish Blvd

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
Taunton, MA

City & State  
Taunton, MA

4. FEI Number 59-1574149

Applied For

Not Applicable

Zip  
02780

Country  
USa

Zip  
02780

Country  
USA

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

6. Name and Address of Current Registered Agent

TAYLOR, LANCE  
NAVIX RADIOLOGY SYSTEMS, INC.  
2601 S BAYSHORE DR #500  
COCONUT GROVE FL 33133

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 PD  
NAME GILMAN, MILES E  
STREET ADDRESS 2601 S BAYSHORE DR #500  
CITY-ST-ZIP COCONUT GROVE FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME TAYLOR, LANCE  
STREET ADDRESS 2601 S BAYSHORE DRIVE  
CITY-ST-ZIP COCONUT-GROVE FL 33133

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE S  
NAME Clyde Thayer  
STREET ADDRESS 100 Myles Standish Blvd  
CITY-ST-ZIP Taunton, MA 02780

☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Clyde Thayer*

Clyde Thayer

7/31/03

508-880-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

attachment

**Blumberg, Ripstein & Valdes, MD, Inc**

100 Myles Standish Blvd  
Taunton, MA 02780

80135928  
#471112

July 31, 2003

Division of Corporations  
Uniform Business Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

**RE: Document # 471112**

Dear Sir or Madam:

Please accept this request to waive the late filing fee for our annual report. The Corporation has changed both officers and addresses and the original report was not received.

Sincerely,

*Clyde Thayer*

Clyde Thayer  
Secretary