

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-04-2003 90153 036 ***150.00

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DOCUMENT # 600309

1. Entity Name
RADIOLOGY ASSOCIATES OF FLORIDA, INC.



Principal Place of Business
**2601 S. BAYSHORE DRIVE
SUITE 500
COCONUT GROVE FL 33133
US**

Mailing Address
**2601 S. BAYSHORE DRIVE
SUITE 500
COCONUT GROVE FL 33133
US**

2. Principal Place of Business
100 Myles Standish Blvd

3. Mailing Address
100 Myles Standish Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Taunton, MA

City & State
Taunton, MA

Zip
02780

Country
USA

Zip
02780

Country
USA

4. FEI Number **59-1199377**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TAYLOR, LANCE
NAVIX RADIOLOGY SYSTEMS, INC.
2601 S. BAYSHORE DR SUITE 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

TITLE
NAME **D GILMAN, MILES E** ☒ Delete
STREET ADDRESS **2601 S. BAYSHORE DR., STE. 500**
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE
NAME **T TAYLOR, LANCE** ☐ Delete
STREET ADDRESS **2601 S. BAYSHORE DR. STE 500**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **S Clyde Thayer** ☐ Change ☒ Addition
STREET ADDRESS **100 Myles Standish Blvd**
CITY-ST-ZIP **Taunton, MA 02780**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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**

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

Radiology Associates of Florida, Inc

100 Myles Standish Blvd
Taunton, MA 02780

80135935
#600309

July 31, 2003

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

RE: Document # 600309

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,

CTA Thayer

Clyde Thayer
Secretary