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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000000097 (3)**

1. Corporation Name
NAVIX RADIOLOGY SYSTEMS, INC.

Principal Place of Business	Mailing Address
2601 S. BAYSHORE DR STE 500 COCONUT GROVE FL 33133	2601 S. BAYSHORE DR STE 500 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1996

2. Principal Place of Business — 21 | Suite, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | Country — 25

2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

4. FEI Number: 65-0599645 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. XX Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: W. BARRY TANNER
82 Street Address (P.O. Box Number is Not Acceptable): 2601 S. BAYSHORE DRIVE
83: SUITE 500
84 City: COCONUT GROVE **FL** 85 Zip Code: 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: W. Barry Tanner 3/25/98
Signature - Type or print name of person signing as Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GILMAN, MILES E		1.2 NAME		
STREET ADDRESS	2601 S. BAYSHORE DR., STE 500		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	D	XX Change ☐ Addition
NAME	KRINGEL, KRIS		2.2 NAME	KRINGEL, JOHN G.	
STREET ADDRESS	368 BLUFFS EDGE		2.3 STREET ADDRESS	ABBOTT PARK ROAD D960/ AP30	
CITY-ST-ZIP	LAKE FOREST IL 60045		2.4 CITY-ST-ZIP	ABBOTT PARK, IL 60064-3537	
TITLE	CFOS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TANNER, BARRY W		3.2 NAME		
STREET ADDRESS	2601 S. BAYSHORE DR.,STE 500		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	XX Change ☐ Addition
NAME	HILL, EUGENE D		4.2 NAME	HILL, EUGENE D.	
STREET ADDRESS	ONE EMBARCADERO CENTER, SUITE 3820		4.3 STREET ADDRESS	428 UNIVERSITY AVENUE	
CITY-ST-ZIP	SAN FRANCISCO CA 94111		4.4 CITY-ST-ZIP	PALO ALTO, CA 94301	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RUCKER, BAMA		5.2 NAME		
STREET ADDRESS	ONE BUSH STREET, 15TH FLOOR		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94104		5.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	6.1 TITLE	C	XX Change ☐ Addition
NAME	FREUND, JOHN		6.2 NAME	FREUND, JOHN	
STREET ADDRESS	86 ALEJANDRA AVENUE		6.3 STREET ADDRESS	525 UNIVERSITY AVENUE, SUITE 701	
CITY-ST-ZIP	ATHERTON CA 94027		6.4 CITY-ST-ZIP	PALO ALTO, CA 94301	

CR2E034 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Barry Tanner 3/25/98 (407)350-6400

Attachment to

1998 Profit Corporation Annual Report

Document #: F96000000097 (3)

Corporation Name: Navix Radiology Systems, Inc.

FEI Number: 65-0599645

12. Officers and Directors

Title	D
Name	Spackman, M.D., Thomas
Street Address	505 Main Street
City-St-Zip	Hackensack, NJ 07601

13. Additions/Changes to Officers and Directors in 12

Title	D
Name	Spackman, M.D., Thomas
Street Address	5225-101 East Harbor Village Drive.
City-St-Zip	Vero Beach, FL 32967