

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90043 028 ***150.00

DOCUMENT # **F96000000097**

1. Corporation Name

NAVIX RADIOLOGY SYSTEMS, INC.

Principal Place of Business

**2601 S. BAYSHORE DR
STE 500
COCONUT GROVE FL 33133**

Mailing Address

**2601 S. BAYSHORE DR
STE 500
COCONUT GROVE FL 33133**

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**TANNER, W BARRY
2601 S BAYSHORE DRIVE
SUITE 500
COCONUT GROVE FL 33133**

3. Date Incorporated or Qualified

01/04/1996

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **GILMAN, MILES E**
STREET ADDRESS **2601 S. BAYSHORE DR., STE 500**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **D** ☐ DELETE
NAME **KRINGEL, KRIS**
STREET ADDRESS **ABBOTT PARK ROAD D960/AP30**
CITY-ST-ZIP **ABBOTT PARK IL 60064-3537**

TITLE **CFOS** ☐ DELETE
NAME **TANNER, BARRY W**
STREET ADDRESS **2601 S. BAYSHORE DR. STE 500**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **D** ☐ DELETE
NAME **HILL, EUGENE D**
STREET ADDRESS **428 UNIVERSITY AVENUE**
CITY-ST-ZIP **PALO ALTO CA 94301**

TITLE **D** ☐ DELETE
NAME **RUCKER, BAMA**
STREET ADDRESS **ONE BUSH STREET, 15TH FLOOR**
CITY-ST-ZIP **SAN FRANCISCO CA 94104**

TITLE **C** ☐ DELETE
NAME **FREUND, JOHN**
STREET ADDRESS **525 UNIVERSITY AVENUE, SUITE 701**
CITY-ST-ZIP **PALO ALTO CA 94301**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

W. S. BARRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Date

(305) 250-6400

Daytime Phone #

CR2E034 (11/98)