

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000097

1. Entity Name

NAVIX RADIOLOGY SYSTEMS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90076 048 ***150.00

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 33133-5413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0599645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBSON, DANIEL
NAVIX DIAGNOSTIX, INC.
2601 S. BAYSHORE DR., #500
COCONUT GROVE FL 33133

Name Lance Taylor

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

NAVIX Radiology Systems Inc

2601 S. Bayshore Drive Suite 500

City Coconut Grove

FL

Zip Code 33133

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Lance Taylor (CFO) 3/22/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lance Taylor 4/18/00

CR2E034 (9/99)