


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/4/

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90133 007 \*\*\*150.00

66427147

<b>DOCUMENT # F96000000097</b>			
1. Entity Name <b>NAVIX RADIOLOGY SYSTEMS, INC.</b>			
Principal Place of Business <b>100 MYLES STANDISH BLVD TAUNTON, MA 02780</b>		Mailing Address <b>100 MYLES STANDISH BLVD TAUNTON, MA 02780</b>	
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 <b>65-0599645</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TAYLOR, LANCE NAVIX RADIOLOGY SYSTEMS INC 2601 S. BAYSHORE DR., #500 COCONUT GROVE, FL 33133</b>		7. Name and Address of New Registered Agent Name <u>Corporation Service Company</u> Street Address (P.O. Box Number is Not Acceptable) <u>1201 Hays Street</u> City <u>Tallahassee</u> FL Zip Code <u>32301</u>	
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 <u>Maurleen Guller</u> DATE <u>5/28/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, RYAN 100 MYLES STANDISH BLVD TAUNTON, MA 02780 <input type="checkbox"/> Delete <u>Change</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cheryl Ford 100 Myles Standish Blvd Taunton, MA 02780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THAYER, CLYDE 100 MYLES STANDISH BLVD TAUNTON, MA 02780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ryan, Patrick 100 Myles Standish Blvd Taunton, MA 02780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, LANCE 2601 S BAYSHORE DR STE 500 COCONUT GROVE, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, EUGENE D 428 UNIVERSITY AVENUE PALO ALTO, CA 94301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUA, PETER 222 BERKELEY ST BOSTON, MA 02116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPACKMAN, TOM 351 WESTWIND COURT VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME 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: <u>CLA Thayer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/30/04</u> <small>Daytime Phone #</small>	

ATTACHMENT

66427147

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
CORPORATIONS

# F9600000097

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Navix Radiology Systems, Inc
2. The principal office address: 100 Myles Standish Blvd., Taunton, MA 02780
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/04/1996 Document number: F 96000000097
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Lance Taylor/ NAVIX RADIOLOGY SYSTEMS, INC.

2601 S. Bayshore Drive, Suite 500

Coconut Grove, FL 33133

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Clyde Thayer  
(Signature of an officer or director)

Clyde Thayer, Secretary  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company  
By: Dorothy Tenshaw  
(Signature of Registered Agent)

03/15/2004  
(Date)

If signing on behalf of an entity:

Dorothy Tenshaw  
(Typed or Printed Name)

Assistant Vice President  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED  
04 MAR 16 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA