

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-04-2003 90153 038 ***150.00

DOCUMENT # F96000000097

1. Entity 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

100 Myles Standish Blvd

Suite, Apt. #, etc.

3. Mailing Address

100 Myles Standish Blvd

Suite, Apt. #, etc.

City & State

Taunton, MA

City & State

Taunton, MA

Zip

02780

Country

USA

Zip

02780

Country

USA

4. FEI Number

65-0599645

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., #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 STREET ADDRESS CITY-ST-ZIP	PD GILMAN, MILES E 2601 S. BAYSHORE DR., STE 500 COCONUT GROVE FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRINGEL, KRIS 12670 COUNTY ROAD 250 DURANGO CO 81301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS TAYLOR, LANCE 2601 S BAYSHORE DR STE 500 COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
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	D GRUA, PETER 222 BERKELEY ST BOSTON MA 02116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPACKMAN, TOM 351 WESTWIND COURT VERO BEACH FL 32963	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patrick Ryan 100 Myles Syandish Blvd Taunton, MA 02780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lance Taylor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Clyde Thayer 100 Myles Standish Blvd Taunton, MA 02780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clyde Thayer 7/31/03 508-880-3700

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

Navix Radiology Systems, Inc

100 Myles Standish Blvd
Taunton, MA 02780

80135931
~~#F96000000097~~

July 31, 2003

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

RE: Document # F96000000097

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,

Clyde Thayer

Clyde Thayer
Secretary