

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90076 008 \*\*\*150.00

DOCUMENT # P96000037061

1. Entity Name

Osceola Imaging, Inc.

Principal Place of Business

Mailing Address

1500 Kings Highway  
 Kissimmee, FL 34744

2601 S. Bayshore Drive  
 Suite # 500  
 Miami, FL 33133

AUUB6044

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3374368

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

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

Lance Taylor  
 Navix Radiology Systems, Inc.  
 2601 S. Bayshore Drive Suite #500  
 Miami, FL 33133

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.

SIGNATURE

*Lance Taylor*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001. 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: President  Delete  
 NAME: Miles E. Gilman  
 STREET ADDRESS: 2601 S. Bayshore Dr. #500  
 CITY-ST-ZIP: Miami, FL 33133

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

TITLE: Secretary & Treasurer  Delete  
 NAME: Lance Taylor  
 STREET ADDRESS: 2601 S. Bayshore Dr. #500  
 CITY-ST-ZIP: Miami, FL 33133

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

TITLE:  Delete  
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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

*Lance Taylor* Lance Taylor

Date

4/30/01 (305)250-6400

Daytime Phone #

CR2E034 (11/00)