

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 30, 2000 8:00 am
Secretary of State
 04-26-2000 90076 005 ***150.00

DOCUMENT # P97000038489

1. Entity Name

NAVIX OF PENINSULA, INC.

Principal Place of Business

2601 S BAYSHORE DR
 500
 COCONUT GROVE FL 33133
 US

Mailing Address

2601 S BAYSHORE DR
 500
 COCONUT GROVE FL 33133-5413
 US

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 **65-0749635**

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 RADIOLOGY SYSTEMS, 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 DR. 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

Lance Taylor **LANCE TAYLOR (CFD)** 3/15/00
 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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D GILMAN, MILES E	2601 SOUTH BAYSHORE DR STE 500	COCONUT GROVE FL 33133	<input type="checkbox"/> Delete	
	D TANNER, W. BARRY	2601 S BAYSHORE DR STE 500	COCONUT GROVE FL 33133	<input checked="" type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	

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:

Miles E. Gilman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MILES E. GILMAN

5/23/00 (305) 250-8400

Daytime Phone #

CR2E034 (9/99)