

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PQ8000009627**

1. Entity Name

Navix H&O Peninsula, Inc.

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

05-10-2001 90075 021 \*\*\*150.00

Principal Place of Business

Mailing Address

2601 S. Bayshore Dr. #500  
 Coconut Grove, FL 33133

2601 S. Bayshore Dr. #500  
 Coconut Grove, FL 33133

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

05-0834661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

**A0062780**

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 Dr. Suite #500  
 Coconut Grove, 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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **Wiles E. Gilman**  
 CITY-ST-ZIP **2601 S. Bayshore Dr. #500**  
**Coconut Grove, FL 33133**

TITLE ☐ Change ☒ Addition  
 NAME **T**  
 STREET ADDRESS **Lance Taylor**  
 CITY-ST-ZIP **2601 S. Bayshore Dr. #500**  
**Coconut Grove, FL 33133**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

Daytime Phone #

4/4/01 (305) 250-6400

CR2E034 (11/00)