

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-04-2003 90152 010 \*\*\*150.00

0041533 AV

**DOCUMENT # P98000009627**

1. Entity Name  
**NAVIX MSO PENINSULA, INC.**



Principal Place of Business  
**2601 SOUTH BAYSHORE DRIVE SUITE 500  
COCONUT GROVE FL 33133**

Mailing Address  
**2601 SOUTH BAYSHORE DRIVE SUITE 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**

4. FEI Number  
**65-0834661**

Applied For  
Not Applicable

Zip Country  
**02780 USA**

Zip Country  
**02780 USA**

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 DRIVE, SUITE 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 \_\_\_\_\_ (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 **D** ☒ Delete  
NAME **GILMAN, MILES**  
STREET ADDRESS **2601 S. BAYSHORE DR STE 500**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **T** ☐ Delete  
NAME **TAYLOR, LANCE**  
STREET ADDRESS **2601 S BAYSHORE DRIVE, #500**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition  
NAME **S**  
STREET ADDRESS **Clyde Thayer**  
CITY-ST-ZIP **100 Myles Standish Blvd  
Taunton, MA 02780**

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

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

TITLE ☐ Change ☐ Addition  
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: **Clyde Thayer**  
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 MSO Peninsula, Inc**

100 Myles Standish Blvd  
Taunton, MA 02780

80135897  
#P98000009627

July 31, 2003

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

**RE: Document # P98000009627**

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  
Secretary