

2003, FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-04-2003 90153 049 ***150.00

DOCUMENT # P98000009634

1. Entity Name
NAVIX MSO OSCEOLA, 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

3. Mailing Address
100 Myles Standish Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Taunton, MA

City & State
Taunton, MA

Zip Country
02780 USA

Zip Country
02780 USA

4. FEI Number **65-0834228**

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 **D** ☒ Delete
NAME **GILMAN, MILES E**
STREET ADDRESS **2601 SOUTH BAYSHORE DR STE 500**
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE **T** ☐ Delete
NAME **TAYLOR, LANCE**
STREET ADDRESS **2601 S BAYSHORE DR #500**
CITY-ST-ZIP **MIAMI 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 **REQUIRED** Clyde Thayer 7/31/03 508-880-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

Navix MSO Osceola, Inc

100 Myles Standish Blvd
Taunton, MA 02780

80135902
#P98000009634

July 31, 2003

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

RE: Document # P98000009634

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