

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


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

08-04-2003 90152 001 ***150.00

0041351 AV

DOCUMENT # P98000042735

1. Entity Name
NAVIX MSO PUNTA GORDA, INC.



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

Mailing Address
**2601 S 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.

CHECK HERE IF MAKING CHANGES

City & State
Taunton, MA

City & State
Taunton, MA

4. FEI Number **65-0834258**

Applied For
 Not Applicable

Zip Country
02780 USA

Zip Country
02780 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 NAME STREET ADDRESS CITY-ST-ZIP	D GILMAN, MILES E 2601 SOUTH BAYSHORE DRIVE STE 500 COCONUT GROVE FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, LANCE 2601 S BAYSHORE D 500 COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Clyde Thayer 100 Myles Standish Blvd Taunton, MA 02780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *(Signature)* **SIGNATURE REQUIRED** Clyde Thayer 7/31/03 508-880-3700

CR2E034 (4/03)

Attachment

Navix MSO Punta Gorda, Inc

100 Myles Standish Blvd
Taunton, MA 02780

July 31, 2003

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

80135900
#P98000042735

RE: Document # P98000042735

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