2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26, 2000 8:00 am Secretary of State DOCUMENT # **P98000044308** NAVIX DIAGNOSTIX, INC. 04-26-2000 90076 024 ***150.00 Principal Place of Business Mailing Address 2601 S BAYSHORE DR. STE 500 / 2601 S BAYSHORE DR. STE 500 MIAMI FL 33133-5413 MIAMI FL 33133 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite Apt # etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0835315 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JACOBSON, DANIEL NAVIX RADIOLOGY SYSTEMS, INC. 2601 S. BAYSHORE DR., SUITE 500 **COCONUT GROVE FL 33133** omits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE GILMAN, MILES E NAME NAME STREET ADDRESS 2601 S BAYSHORE DR, STE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ----Change Addition Delete TITLE TITLE JAMES B. KIBKER 2601 SBAYSHORE DR, STESOD MIAMIFE. 33133 TANNER, W. BRUCE NAME NAME 2601 S BAYSHORE DR. STE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 Addition Change مبرآ Delete TITLE TITLE NAME NAME STESAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 truster 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 a direct sample.

Date

Daytime Phone #