

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90076 004 ***150.00

A0062848

DO NOT WRITE IN THIS SPACE

DOCUMENT # P980000 44308																									
1. Entity Name Navix Diagnostics, Inc.																									
Principal Place of Business 2601 S. Bayshore Dr. Suite #500 Coconut Grove, FL 33133		Mailing Address 2601 S. Bayshore Dr. Suite #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																						
6. Name and Address of Current Registered Agent Lance Taylor Navix Radiology Systems, Inc. 2601 S. Bayshore Dr. 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. SIGNATURE: <u>Lance Taylor</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																									
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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 <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution.</small>																							
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE D NAME Miles E. Gilman STREET ADDRESS 2601 S. Bayshore Dr. Suite #500 CITY-ST-ZIP Coconut Grove, FL 33133 </td> <td style="width:50%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE T NAME Lance Taylor STREET ADDRESS 2601 S. Bayshore Dr. Suite #500 CITY-ST-ZIP Coconut Grove, FL 33133 </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE P NAME James R. Kirker STREET ADDRESS 2601 S. Bayshore Dr. #500 CITY-ST-ZIP Miami, FL 33133 </td> <td style="text-align: right;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> </table>		TITLE D NAME Miles E. Gilman STREET ADDRESS 2601 S. Bayshore Dr. Suite #500 CITY-ST-ZIP Coconut Grove, FL 33133	<input type="checkbox"/> Delete	TITLE T NAME Lance Taylor STREET ADDRESS 2601 S. Bayshore Dr. Suite #500 CITY-ST-ZIP Coconut Grove, FL 33133	<input type="checkbox"/> Delete	TITLE P NAME James R. Kirker STREET ADDRESS 2601 S. Bayshore Dr. #500 CITY-ST-ZIP Miami, FL 33133	<input checked="" 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		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	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Lance Taylor</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/4/01 (305) 260-6400 <small>Date Daytime Phone #</small>																							

CR2E034 (11/00)