

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-04-2003 90152 008 ***150.00

DOCUMENT # P99000020498

1. Entity Name

NAVIX PRACTICE MANAGEMENT SERVICES, 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.

☒ CHECK HERE IF MAKING CHANGES

City & State
Taunton, MA

City & State
Taunton, MA

4. FEI Number **65-0911271**

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

7. Name and Address of New Registered Agent

**TAYLOR, LANCE
NAVIE RADIOLOGY SYSTEMS, INC.
2601 S BISCAYNE DRIVE STE 500
MIAMI FL 33133**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **GILMAN, MILES**
STREET ADDRESS **2601 SBAYSHORE DRIVE STE 500**
CITY-ST-ZIP **COCONUT CREEK FL 33133**

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

TITLE **T** ☐ Delete
NAME **TAYLOR, LANCE**
STREET ADDRESS **2601 S BAYSHORE DR STE 500**
CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED

Clyde Thayer 7/31/03 508-880-3700

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

Navix Practice Management Services, Inc

100 Myles Standish Blvd
Taunton, MA 02780

80135899
#P99000020498

July 31, 2003

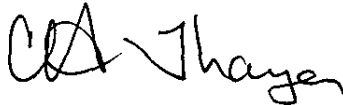
Division of Corporations
Uniform Business Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Document # P99000020498

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