

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)


APPROVED
AND
FILED

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1997 AUG 14 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000097 (3)

1. Corporation Name
NAVIX RADIOLOGY SYSTEMS, INC.



Principal Place of Business: 12900 S.W. 61ST AVENUE MIAMI FL 33156
 Mailing Address: 12900 S.W. 61ST AVENUE MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2601 S. Bayshore Dr.		26 2601 S. Bayshore Dr.		01/04/1996		01/04/1996	
22 Suite 500		27 Suite 500		4. FEI Number		Applied For	
23 Coconut Grove, Florida		28 Coconut Grove, Florida		65-0599645		Not Applicable	
24 33133		25 USA		29 33133		30 USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 700002267047--8			
				84 City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	GILMAN, MILES E	1.2 NAME	GILMAN, MILES E
STREET ADDRESS	12900 S.W. 61ST AVENUE	1.3 STREET ADDRESS	2601 S. Bayshore Dr., Suite 500
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	Coconut Grove, Florida 33133
TITLE	S	2.1 TITLE	D
NAME	ERICSON, WILLIAM W	2.2 NAME	KRINGEL, KRIS
STREET ADDRESS	2800 SAND HILL ROAD	2.3 STREET ADDRESS	366 Bluffs Edge
CITY-ST-ZIP	MENLO PARK CA 94025	2.4 CITY-ST-ZIP	Lake Forest, IL 60045
TITLE	CFOT	3.1 TITLE	CFO/S
NAME	TANNER, W B	3.2 NAME	TANNER, W. Barry
STREET ADDRESS	12900 S.W. 61ST AVENUE	3.3 STREET ADDRESS	2601 S. Bayshore Dr., Suite 500
CITY-ST-ZIP	MIAMI FL 33156	3.4 CITY-ST-ZIP	Coconut Grove, Florida 33133
TITLE	C	4.1 TITLE	D
NAME	HILL, EUGENE D	4.2 NAME	HILL, EUGENE D
STREET ADDRESS	ONE EMBARCADERO CENTER, SUITE 3820	4.3 STREET ADDRESS	One Embarcadero Center, Suite 3820
CITY-ST-ZIP	SAN FRANCISCO CA 94111	4.4 CITY-ST-ZIP	San Francisco, CA 94111
TITLE	D	5.1 TITLE	D
NAME	RUCKER, BAMA	5.2 NAME	RUCKER, BAMA
STREET ADDRESS	ONE BUSH STREET	5.3 STREET ADDRESS	One Bush Street, 15th Floor
CITY-ST-ZIP	SAN FRANCISCO CA 94104	5.4 CITY-ST-ZIP	San Francisco, CA 94104
TITLE	D	6.1 TITLE	C
NAME	FREUND, JOHN	6.2 NAME	FREUND, JOHN
STREET ADDRESS	86 ALEJANDRA AVENUE	6.3 STREET ADDRESS	86 Alejandra Avenue
CITY-ST-ZIP	ATHERTON CA 94027	6.4 CITY-ST-ZIP	Atherton, CA 94027

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE W. Barry Tanner, CFO & Sec. (305) 250-6400

CR2E034 (4/97)

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**Attachment to
1997 Profit Corporation Annual Report**

Document #: F96000000097 (3)

Corporation Name: Navix Radiology Systems, Inc.

FEI Number: 65-0599645

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

7.1 Title	D
7.2 Name	Spackman, M.D., Thomas
7.3 Street Address	505 Main Street
7.4 City-St-Zip	Hackensack, NJ 07601