## 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.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P930

P93000042348 (1)

GR-RJS, INC.

Principal Place of Business

Mailing Address

FILED
Sep 08 1997 8:00am
Secretary of State



2601 SOUTH I SUITE 1215	BAYSHORE DR.	2601 SOUTH BAYSHORE DR. SUITE 1215								
	OVE FL 33133	COCONUT GROVE FL 33133	3			DO NOT WRI				
					3. Date Incorporated or Qualified 3a. Date of Last Repor 06/01/1993 02/01/1996			eport		
	ace of Business	2a. Mailing Address			4. FEI Nu		•	<del></del>	plied For	
21 2601	S. Bayshore Dr.	26 2601 S. Bay	shore Dr.	•	65	0412068		-	t Appl cable	
Sulte, Apt. #, etc. 22 Suite #500		Suite, Apt. #, etc.  Suite #500			5. Certific	ate of Status Desired	Ł	\$8.75 A Fee Re		
City & State	ut Grove, Florida	City & State 28 Coconut Grove, Florida				n Campaign Financing und Contribution		\$5.00 Added t		
Zíp	Country	Zip	Country			orporation owes or has	paid the curre			
24 33133		29 33133 30	J USA		Person	al Property Tax due Ju	ne 30. 🏽 🛣	Yes 🗀	] Ňo	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
SINGER, ROBERT J   81 Name   Barry Tanner										
104	82 Street	treet Address (P.O. Box Number is Not Acceptable)								
MIAMI FL 33176					avix Radiology Systems, Inc.					
			<sup>83</sup>   260	01 S	Bay	shore Dr.,	, #500			
			84 City	conu	ıt Gr	ove	FL	85 Zip (	133	
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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE W. Barry Tanner, CFO & Sec W. Baury Corne Stonature, typed or prifited name of repistored agont and title if applicable (NOTE: Repistered Agont/gnature required when reinstaing)  DATE										
12.	OFFICERS AND		13.			ONS/CHANGES TO OF	FICERS AND	DIRECTOR		
TITLE		<b>▼</b> DELETÉ	1.1 TITLE	P/D				Change	X Addition	
NAME	SINGER, ROBERT J		1.2 NAME			Miles E.				
STREET ADDRESS	10464 SW 129TH TERR		1.3 STREET ADDRESS			Bayshore I				
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY - ST - ZIP			<u>Grove, 1</u>				
TITLE		☐ DELETE	2.1 TITLE	CFO	•			Change	Addition	
NAME			2.2 NAME			W. Barry				
STREET ADDRESS			2.3 STREET ADDRESS			Bayshore 1				
CITY-ST-ZIP		T neu rve	2. 4 CITY - ST - ZIP	Coc	onut	Grove F	3313		Addition	
TITLE		DELETE	3.1 TITLE					Change	LI FUUIIIUII	
NAME		•	3.2 NAMÉ							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	<b>}</b>				Change	Addition	
NAME		- Decent	4. 2 NAME				'	Onungo	- radiion	
STREET ADDRESS			4.3 STREET ADDRESS							
; i			4.4 CITY-ST-ZIP							
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	<del> </del>				Change	Addition	
NAME			5.2 NAME					•		
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP			,				
TITLE		DELETE	61 THLE	1				Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS		<b>X</b>	6.3 STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY-ST-ZIP							
14. 1 do herel	by certify that the information supplied	with this filing does not qualify f	for the exemption s	stated in	Section 1	19.07(3)(i), Florida Statu	utes. 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.										