

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000042348** ✓

1. Entity Name

GR-RIS, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0412068

Applied For

Not Applicable

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

Daniel Jacobson
Navix Radiology Systems, Inc.
2601 S. Bayshore Dr. #500
Coconut Grove, FL 33133

Name

Lance Taylor

Street Address (P.O. Box Number is Not Acceptable)

Navix Radiology Systems, Inc.

City

2601 S. Bayshore Dr.
Coconut Grove

#500

FL

Zip Code **33133**

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

[Signature]

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

Lance Taylor (CFO)

DATE

4/4/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD Miles E. Gilman**
STREET ADDRESS **2601 S. Bayshore Dr. Suite #500**
CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE ☐ Change ☒ Addition
NAME **Lance Taylor**
STREET ADDRESS **2601 S. Bayshore Dr. #500**
CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

4/4/01 (305) 250-6400

A0062843

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)