


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.)

FILED
Sep 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000048258 (4)		
1. Corporation Name GR-SJD, INC.		
Principal Place of Business 2601 SOUTH BAYSHORE DR. SUITE 1215 COCONUT GROVE FL 33133	Mailing Address 2601 SOUTH BAYSHORE DR. SUITE 1215 COCONUT GROVE FL 33133	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2601 S. Bayshore Dr. Suite, Apt. #, etc. 22 Suite 500 City & State 23 Coconut Grove, Florida Zip 24 33133		2a. Mailing Address 25 2601 S. Bayshore Dr. Suite, Apt. #, etc. 27 Suite 500 City & State 28 Coconut Grove, Florida Zip 29 33133		3. Date Incorporated or Qualified 06/19/1995		3a. Date of Last Report 03/25/1996	
				4. FEI Number 65-0594500		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				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 BOUNDS, BRUCE M 2121 PONCE DE LEON BOULEVARD, SUITE 630 CORAL GABLES FL 33134-5222				10. Name and Address of New Registered Agent 81 Name W. Barry Tanner 82 Street Address (P.O. Box Number is Not Acceptable) Navix Radiology Systems, Inc. 83 2601 S. Bayshore Dr., #500 84 City Coconut Grove FL 85 Zip Code 33133			
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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 **W. Barry Tanner CFO & Sec** *W. Barry Tanner* **8-23-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEPRIMA, STEVEN J M.D.			1.2 NAME	Gilman, Miles E.		
STREET ADDRESS	4849 PONCE DE LEON BOULEVARD, SUITE 300			1.3 STREET ADDRESS	2601 S. Bayshore Dr., #500		
CITY-ST-ZIP	CORAL GABLES FL 33146			1.4 CITY-ST-ZIP	Coconut Grove, FL 33133		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	CFO/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	Tanner, W. Barry		
STREET ADDRESS				2.3 STREET ADDRESS	2601 S. Bayshore Dr. #500		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Coconut Grove, FL 33133		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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** *W. Barry Tanner* **(205) 250-6100**

CR2E034 (4/97)