

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/7

DOCUMENT # P95000048258

1. Entity Name

GR-SJD, INC.

FILED

May 30, 2000 8:00 am  
Secretary of State

04-26-2000 90076 013 \*\*\*150.00

Principal Place of Business

Mailing Address

2601 S BAYSHORE DR  
SUITE 500  
COCONUT GROVE FL 33133  
US

2601 SOUTH BAYSHORE DR.  
SUITE 500  
COCONUT GROVE FL 33133-5413  
US

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

65-0594500

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

JACOBSON, DANIEL  
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.  
2601 S. BAYSHORE DR., SUITE 500  
City COCONUT GROVE 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Lance Taylor LANCE TAYLOR (CFD) 3/22/00

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GILMAN, MILES E 2601 S BAYSHORE DR #500 COCONUT GROVE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS TANNER, W BARRY 2601 S BAYSHORE DR #500 COCONUT GROVE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

MILES E. GILMAN

Date

Daytime Phone #

5/23/00 (305) 250-4400

CR2E034 (9/99)