

Edgar Filing: MEDIX RESOURCES INC - Form 8-K

MEDIX RESOURCES INC
Form 8-K
March 07, 2003

SECURITIES AND EXCHANGE COMMISSION

Washington, DC 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): March 6, 2003

MEDIX RESOURCES, INC.

(Exact name of registrant as specified in its charter)

Colorado

0-24768

84-1123311

(State or other jurisdiction of
incorporation or organization)

(Commission
File Number)

(IRS Employer
Identification No.)

420 Lexington Avenue, Suite 1830, New York, New York

10170

(Address of principal executive offices)

(Zip Code)

Registrant's telephone number, including area code: (212) 697-2509

Item 5. Other Events and Regulation FD Disclosure.

The Company disseminated the press releases attached to this Current Report on Form 8-K as Exhibits 99.1 and 99.2 on March 5, 2003 and March 6, 2003, respectively.

Item 7. Financial Statements and Exhibits

(c)

Exhibit 99.1 Press Release, dated March 5, 2003.

Exhibit 99.2 Press Release, dated March 6, 2003.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the

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undersigned, thereunto duly authorized.

MEDIX RESOURCES, INC.

By: /s/ Mark W. Lerner

Mark W. Lerner
Executive Vice President and Secretary

Dated: March 6, 2003

/table>

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â MATHEWSON CHARLES N</p> <p>(Last) (First) (Middle)</p> <p>9295 PROTOTYPE DRIVE</p> <p>(Street)</p> <p>RENO,,Â NVÂ 89521</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>03/03/2008</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>GRILL CONCEPTS INC [GRIL]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p>____ Director <input checked="" type="checkbox"/> 10% Owner</p> <p>____ Officer ____ Other</p> <p>(give title below) (specify below)</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person</p> <p>____ Form filed by More than One Reporting Person</p>
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	865,277	D <u>(1)</u>	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable Expiration Date	Title Amount or Number of Shares			

(Instr. 5)

Warrant to Purchase Common Stock	07/07/2007	07/17/2012	Common Stock	40,670	\$ 8.05	D <u>(1)</u>	Â
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MATHEWSON CHARLES N 9295 PROTOTYPE DRIVE RENO,, NV 89521	Â	Â X	Â	Â

Signatures

/s/ Charles Mathewson
03/03/2008

__Signature of Reporting Person
Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) All holdings noted represent holdings by the reporting person in his capacity as sole trustee of the The Charles N. Mathewson Trust dtd 7/22/92.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.