

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000016855

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: INSIGHT HEALTH NETWORK, INC.

## Current Principal Place of Business:

10191 W. SAMPLE RD.  
SUITE #100  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

1727 BANKS ROAD  
MARGATE, FL 33063

## Current Mailing Address:

10191 W. SAMPLE RD.  
SUITE #100  
CORAL SPRINGS, FL 33065

## New Mailing Address:

1727 BANKS ROAD  
MARGATE, FL 33063

FEI Number: 65-0730034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DURETZ, ALAN  
10191 W. SAMPLE RD.  
SUITE #100  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

DURETZ, ALAN  
1727 BANKS RD  
MARGATE, FL 33063 US

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: \_\_\_\_\_

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DURETZ, ALAN  
Address: 10191 W. SAMPLE RD.  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP ( ) Delete  
Name: ROUTENBERG, DAVID  
Address: 1309 SW 151ST TERRACE  
City-St-Zip: SUNRISE, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DURETZ, ALAN  
Address: 1727 BANKS RD  
City-St-Zip: MARGATE, FL 33063

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN DURETZ

PRES

04/21/2005

Electronic Signature of Signing Officer or Director

Date