

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 24 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

897000016855

1. Corporation Name

INSIGHT Health Network, Inc.

2. Principal Office Address

10191 W. Sample Rd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 100

City & State

Coral Springs, FL

City & State

Sample

Zip

33065

Country

BOARD

Zip

Country

700013168207

02/27/03--01046--032 **300.00

4. Date Incorporated or Qualified

To Do Business in Florida

02/21/1997

5. FEI Number

65-0730034

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALAN DURETZ

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

10191 W. Sample Rd.

Suite, Apt. #, Etc.

Suite 100

City

Coral Springs

State

FL

Zip Code

33065

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

ALAN DURETZ

REGISTERED AGENT MUST SIGN

Date 2/21/2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	ALAN DURETZ	10191 W. Sample Rd Suite 100	Coral Springs, FL 33065
VP	DAVID RUTENBERG	1309 SW 151 st St	Sunrise, FL 33326

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

ALAN DURETZ

ALAN DURETZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/2003

Date

954-344-1204

Daytime Phone #

CR2E081 (10/02)

2/24



Health Network
Mental Health • Podiatry

10191 W. Sample Rd.
Suite 100
Coral Springs, FL 33065

(954)-344-1204 Fax 954-344-4512
www.gotoinsight.com

February 21, 2003

Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Re: Insight Health Network, Inc.

To Whom It May Concern:

Enclosed herewith, please find a fully completed and executed Corporate Reinstatement form for the above referenced corporation, and a payment of Three Hundred Dollars (\$ 300.00).

I herein request that all other late fees and penalties be forgiven as we did not receive the annual filing form.

I would also like to report that the correct spelling of the last name of the registered agent is Duretz, not Ouretz as indicated on the website information.

Thank you very much.

Cordially,
InSight Health Network, Inc.

Alan Duretz
President

INSIGHT