

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000016855

**Entity Name:** INSIGHT HEALTH NETWORK, INC.

**Current Principal Place of Business:**

1727 BANKS ROAD  
MARGATE, FL 33063

**FILED**  
**Jun 03, 2013**  
**Secretary of State**  
**CC7342606946**

**Current Mailing Address:**

1727 BANKS ROAD  
MARGATE, FL 33063

**FEI Number: 65-0730034**

**Certificate of Status Desired: No**

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            P  
Name            DURETZ, ALAN  
Address        1727 BANKS RD  
City-State-Zip: MARGATE FL 33063

Title            VP  
Name            ROUTENBERG, DAVID  
Address        1309 SW 151ST TERRACE  
City-State-Zip: SUNRISE FL 33326

*I hereby 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 all other like empowered.*

**SIGNATURE: ALAN DURETZ**

**PRESIDENT**

**06/03/2013**

Electronic Signature of Signing Officer/Director Detail

Date