


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90021 024 \*\*\*150.00

0083042

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000029876** ✓  
 1. Corporation Name  
**MRI CENTERS OF PALM BEACH, INC.**



Principal Place of Business 5458 TOWN CENTER RD. SUITE 24 BOCA RATON FL 33486	Mailing Address 5458 TOWN CENTER RD. SUITE 24 BOCA RATON FL 33486
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>04/23/1993</b>	
4. FEI Number <b>65-0404342</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ESRIG, KENNETH**  
**2235 PARKSIDE ST.**  
**BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ESRIG, KENNETH</b>	
STREET ADDRESS	<b>5582 MARBELLA DR.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2235 Parkside St.</b>
1.4 CITY-ST-ZIP	<b>BOCA RATON, FL. 33486</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **7/14/99** DAYTIME PHONE #: **561-447-6601**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

Member  
Florida Institute of  
Certified Public Accountants

**Richard M. Bogdanoff, P.A.**  
Certified Public Accountant

Member  
American Institute of  
Certified Public Accountants

596387-90021-24  
P93000029876

July 21, 1999

Florida Division Of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: MRI Centers of Palm Beach, Inc.  
Document No. P93000029876  
1999 Florida Profit Corporate Annual Report

Gentlemen:

At the request of my client, I am writing you on their behalf. Please be advised that MRI Centers of Palm Beach, Inc. had not received their 1999 Florida Profit Corporate Annual Report as the taxpayer had relocated his business during 1998 and his mail was not being properly forwarded by the Post Office. I was recently engaged as the Company's CPA and upon review of their 1999 records, found that the Company's annual report fee was not timely remitted. Upon discussion with my client, I was advised that no 1999 Florida Corporate Annual Report was received by them.

Accordingly, on behalf of my client, we are enclosing executed 1999 Florida Profit Corporate Annual Reports along with payment of a \$150. annual fee. We are requesting the cooperation of the Florida Secretary of State's office in waiving the late filing penalty due for the Company's 1999 annual report. Thank you for your assistance in this matter.

Please contact me or the taxpayer should you require any additional information.

Very truly yours,

*Richard M. Bogdanoff, CPA*

Richard M. Bogdanoff

Enc.

cc: Mr. Kenneth Esrig, President  
MRI Centers of Palm Beach, Inc.