

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1993

4. FEI Number

65-0404342

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ESRIG, KENNETH**
STREET ADDRESS **5502 MARBELLA DR.**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2235 Parkside St.**
1.4 CITY-ST-ZIP **BOCA RATON, FL. 33486**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/99

561-447-6601

Date

Daytime Phone #

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.