

FILED

Jun 18, 2003 8:00 am
Secretary of State


05-19-2003 90216 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/

DOCUMENT # **P93000029876** (L)

1. Entity Name
MRI CENTERS OF PALM BEACH, INC.



55048826

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**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Zip

Country

4. FEI Number **65-0404342**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE *[Signature]* DATE **4/15/03**

Signature, typed or printed name of registered agent and office, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D <i>President</i>	<input type="checkbox"/> Delete
NAME ESRIG, KENNETH	
STREET ADDRESS 2235 PARK SIDE ST	
CITY-ST-ZIP BOCA RATON FL 33486	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Michelle ESRIG</i>	
STREET ADDRESS <i>2235 PARKSIDE ST.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP <i>BOCA RATON FL 33486</i>	
TITLE <i>Sec</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <i>STEPHANIE ESRIG</i>	
STREET ADDRESS <i>2235 PARKSIDE ST.</i>	
CITY-ST-ZIP <i>BOCA RATON FL 33486</i>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE: *[Signature]* DATE **4/15/03** DAYTIME PHONE # **561-477-4601**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUN 05 2003