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• PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

Apr 27 1996 8:00 am

Secretary of State

DOCUMENT # P94000045867 (6)

1. Corporation Name

MRI-NET, INC.

Principal Place of Business

610 GLADES ROAD  
BOCA RATON FL 33431

Mailing Address

610 GLADES ROAD  
BOCA RATON FL 33431

3. Date Incorporated or Qualified

06/15/1994

3a. Date of Last Report

06/07/1995

2. Principal Place of Business

21 2424 NORTH FEDERAL HWY

2a. Mailing Address

26 2424 N. FEDERAL HWY.

4. FEI Number

65-0509011

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 410

Suite, Apt. #, etc.

27 SUITE 410

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

24 33431

Country

25 PALM BCH

Zip

29 33431

Country

30 PALM BCH

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BLESSEY, ROBERT L ESO  
51 LYON RIDGE RD  
STE. 801  
KATONAH FL 10536

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 or director

(NOTE: Registered Agent Signature is required when filing a change)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME SCHILLER, LEWIS S  
STREET ADDRESS 160 BROADWAY STE 901  
CITY-STATE-ZIP NEW YORK NY

TITLE D ☐ DELETE  
NAME STERNBERG, JAMES H MD  
STREET ADDRESS 610 GLADES ROAD  
CITY-STATE-ZIP BOCA RATON FL 33431

TITLE D ☐ DELETE  
NAME KAYS, ASHLEY MD  
STREET ADDRESS 610 GLADES ROAD  
CITY-STATE-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

800001797808  
-04/29/96--01026--038

\*\*\*200.00

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

212-233-5023

CR2E034 (12/95)