

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91311 035 \*\*\*150.00

0138075

**DOCUMENT # P97000016855**

1. Entity Name

**INSIGHT HEALTH NETWORK, INC.**

Principal Place of Business

**10191 W. SAMPLE RD.  
SUITE #100  
CORAL SPRINGS FL 33065**

Mailing Address

**2139 UNIVERSITY DR  
328  
CORAL SPRINGS FL 33071**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0730034**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FISHMAN, ALAN S ESQ.  
2301 WEST SAMPLE ROAD  
BUILDING 3, SUITE 3A  
POMPANO BEACH FL 33073**

7. Name and Address of New Registered Agent

Name

**ALAN DURETZ**

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

**1922 NW 89<sup>th</sup> Terrace**

City

**Coral Springs**

FL

Zip Code  
**33071**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	DURETZ, ALAN	
STREET ADDRESS	1922 N.W 89TH TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-6176	
TITLE	DPD	<input type="checkbox"/> Delete
NAME	ROUTENBERG, DAVID	
STREET ADDRESS	1309 SW 151ST TERRACE	
CITY-ST-ZIP	SUNRISE FL 33326	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ALAN DURETZ** 4/7/01**254-680-0330**

CR2E034 (10/00)