

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90116 031 ***150.00

DOCUMENT # F98000003231

1. Entity Name
SIGNAL MEDICAL SERVICES, INC.



Principal Place of Business
**26250 ENTERPRISE COURT
STE 100
LAKE FOREST, CA 92630**

Mailing Address
**26250 ENTERPRISE COURT
STE 100
LAKE FOREST, CA 92630**

50016370



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

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

04182006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
33-0802413

Applied For
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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 registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CANNIZZARO, MICHAEL 26250 ENTERPRISE COURT SUITE 200 LAKE FOREST, CA 92630	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCB DRAZBA, BRIAN 18 NUTCRACKER LANE ALISO VIEJO, CA 92666	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOYLAN, MICHAEL A 1805 PUTTERS PL BOYLESTON, PA 18804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF HILL, MITCH 26250 ENTERPRISE COURT SUITE 100 LAKE FOREST, CA 92630	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS MARILYN, MACNIVEN 1100 MAC ARTHUR BLVD STE 800 NEWPORT BEACH, CA 92660	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TUHOSKY, KENT 26250 ENTERPRISE COURT, STE 100 LAKE FOREST, CA 92630	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCBO & DIRECTOR BRET W. JORGENSEN 26250 ENTERPRISE COURT, SUITE 100 LAKE FOREST, CA 92630	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP & CAO 26250 ENTERPRISE COURT, STE 100 LAKE FOREST, CA 92630	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	26250 ENTERPRISE COURT, STE 100 LAKE FOREST, CA 92630	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	26250 ENTERPRISE COURT, STE 100 LAKE FOREST, CA 92630	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	26250 ENTERPRISE COURT, STE 100 LAKE FOREST, CA 92630	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN G. DRAZBA, SVP & CAO 04/19/06 (949) 282-6000

Date

Daytime Phone #