

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90007 017 ***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**

400000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

33-0802413

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2007 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
**PCED
JERGENSEN, BRETT W
26250 ENTERPRISE CT STE 100
LAKE FOREST, CA 92630** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SVPC
DRAZBA, BRIAN
26250 ENTERPRISE CT STE 100
LAKE FOREST, CA 92630** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
BOYLAN, MICHAEL A
26250 ENTERPRISE CT STE 100
LAKE FOREST, CA 92630** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPCF
HILL, MITCH
26250 ENTERPRISE COURT SUITE 100
LAKE FOREST, CA 92630** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**EVS
MARILYN, MACNIVEN
26250 ENTERPRISE CT STE 100
LAKE FOREST, CA 92630** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
TUHOSKY, KENT
26250 ENTERPRISE COURT, STE 100
LAKE FOREST, CA 92630** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PCED
JORGENSEN, BRE W
26250 ENTERPRISE CT, STE 100
LAKE FOREST, CA 92630** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**EVS
MACNIVEN-YOUNG, MARILYN U
26250 ENTERPRISE CT STE 100
LAKE FOREST, CA 92630** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
TUHOSKY, KENT E
26250 ENTERPRISE CT, STE 100
LAKE FOREST, CA 92630** ☒ Change ☐ 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:

BRIAN G. DRAZBA, SVP & CAO, 01/25/07 (949) 282-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #