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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P02271 (5)

1. Corporation Name
INSIGHT HEALTH CORP.



Principal Place of Business: 4440 VON KARMAN, SUITE #320 NEWPORT BEACH CA 92660-2011
Mailing Address: 4440 VON KARMAN, SUITE #320 NEWPORT BEACH CA 92660-2080

3. Date Incorporated or Qualified: 06/04/1984
3a. Date of Last Report: 03/13/1996
4. FEI Number: 52-1278857
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 4400 MACARTHUR BLVD. STE 800 NEWPORT BEACH, CA 92660
2a. Mailing Address: 26 4400 MACARTHUR BLVD., STE. 800 ATTN: TAX DEPT. NEWPORT BEACH, CA 92660

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	ATKINS, E. LARRY	
STREET ADDRESS	4440 VON KARMAN #320	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CROAL, THOMAS V.	
STREET ADDRESS	4440 VON KARMAN #320	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, PHILIP D.	
STREET ADDRESS	2800 VIRGINIA AVENUE	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MACFARLAND, DEBORAH M.	
STREET ADDRESS	4440 VON KARMAN #320	
CITY-ST-ZIP	NEWPORT BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, ROBERT J.	
STREET ADDRESS	4440 VON KARMAN #320	
CITY-ST-ZIP	NEWPORT BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EGGER, FRANK E.	
STREET ADDRESS	1301 DADE BOULEVARD	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.C.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	4400 MACARTHUR BLVD, STE 800	
1.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660	
2.1 TITLE	V, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	4400 MACARTHUR BLVD., STE. 800	
2.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DEBORAH M. MACFARLANE	
4.3 STREET ADDRESS	4400 MACARTHUR BLVD., STE 800	
4.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	4400 MACARTHUR BLVD., STE 800	
5.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BRIAN G. DRABBA	
6.3 STREET ADDRESS	4400 MACARTHUR BLVD. STE 800	
6.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660	

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

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: BRIAN G. DRABBA DATE: _____ DAYTIME PHONE #: 714-476-0733

CR2E034 (9/96)