

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02271 (5)
 1. Corporation Name
INSIGHT HEALTH CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 440 MACARTHUR BLVD STE 800 NEWPORT BEACH CA 92660-2011 US	Mailing Address 440 MAC ARTHUR BLVD STE 800 ATTN: TAX DEPT NEWPORT BEACH CA 92660-2011 US
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3. Date Incorporated or Qualified
06/04/1984

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 (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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, E. LARRY	1.2 NAME	
STREET ADDRESS	4400 MACARTHUR BLVD STE 800	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	VTG <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROAL, THOMAS V.	2.2 NAME	
STREET ADDRESS	4400 MACARTHUR BLVD STE 800	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH M MACFARLANE	3.2 NAME	
STREET ADDRESS	4400 MACARTHUR BLVD STE 800	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, ROBERT J.	4.2 NAME	
STREET ADDRESS	4440 MACARTHUR BLVD STE 800	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN G DRAZBA	5.2 NAME	
STREET ADDRESS	4400 MACARTHUR BLVD STE 800	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: _____

4/24/98

CR2E034 (10/97)