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May 19, 1999 8:00 am
Secretary of State

05-19-1999 90020 016 ***600.00

US064655

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P02271**

1. Corporation Name
INSIGHT HEALTH CORP.

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/04/1984	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 52-1278857	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 4400 MacArthur Blvd.	2a. Mailing Address 4400 MacArthur Blvd.
21 Suite, Apt. #, etc. Ste 800	26 Suite, Apt. #, etc. Ste. 800
22 City & State NEWPORT BEACH, CA	27 City & State NEWPORT BEACH, CA
23 Zip 92660	29 Zip 92660
25 Country	30 Country

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input 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	VTS <input type="checkbox"/> DELETE	2.1 TITLE	<input 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, with all other like empowered.

SIGNATURE: Brian G. Drazba 4/28/99 949-476-0733
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)