

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90008 002 ***150.00

DOCUMENT # P02271

1. Entity Name
INSIGHT HEALTH CORP.



Principal Place of Business
**26250 ENTERPRISE CRT., STE. 100
LAKE FOREST, CA 92630 US**

Mailing Address
**26250 ENTERPRISE CRT., STE. 100
LAKE FOREST, CA 92630 US**

34000000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

52-1278857

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

**CT CORPORATION SYSTEM
1200 S. 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	PLOCHOCKI, STEVEN	
STREET ADDRESS	22446 ROSEBRAIR	
CITY-ST-ZIP	MISSION VIEJO, CA 92692	
TITLE	EVC	<input type="checkbox"/> Delete
NAME	BLANK, PATRCIA	
STREET ADDRESS	22 REGALO	
CITY-ST-ZIP	MISSION VIEJO, CA 92692	
TITLE	VPDC	<input type="checkbox"/> Delete
NAME	ARMSTRONG, ROBERT J.	
STREET ADDRESS	31 MARIPOSA	
CITY-ST-ZIP	INVINE, CA 92714	
TITLE	EVCF	<input type="checkbox"/> Delete
NAME	BRIAN G DRAZBA	
STREET ADDRESS	18 NUTCRACKER LANE	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	VARCAROLIS, JARNES M	
STREET ADDRESS	4400 MACARTHUR BLVD STE 800	
CITY-ST-ZIP	NEWPORT BEACH, CA 92660	
TITLE	EVCD	<input checked="" type="checkbox"/> Delete
NAME	WAKEMAN, CHRISOPHER L	
STREET ADDRESS	1005 PUTTERS PL.	
CITY-ST-ZIP	DOYLESTOWN, PA 18901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Addition
NAME	SEE ATTACHED	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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

1/18/04

Date

(444) 282-6000

Daytime Phone #