

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-30-2007 90007 014 ***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**

40006337



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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCEO
JORGENSEN, BRET W
26250 ENTERPRISE CT SUITE 100
LAKE FOREST, CA 92630** ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPDC
ARMSTRONG, ROBERT J.
26250 ENTERPRISE CT SUITE 100
LAKE FOREST, CA 92630** ☒ Delete

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

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

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

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
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
TUNOLSKY, KENT E
26250 ENTERPRISE CT SUITE 100
LAKE FOREST, CA 92630** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
TUNOLSKY, KENT E
26250 ENTERPRISE CT SUITE 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, SUP: CAO, 01/25/07 (949)282-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #