

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
INSIGHT HEALTH CORP.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,058.75

FILED

MAR 22 PM 4:40

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02271

1. Corporation Name

INSIGHT HEALTH CORP.

2. Principal Office Address - No P.O. Box #

26250 ENTERPRISE COURT

3. Mailing Office Address

26250 ENTERPRISE COURT

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

LAKE FOREST, CA

City & State

LAKE FOREST, CA

Zip

92630

Country

USA

Zip

92630

Country

USA

REINSTATEMENT 09-16

CR22001 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida JUNE 4, 1984

5. FEI Number

52-1278857

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

Handwritten signature/initials

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent

Handwritten signature of Keith Kelson

REGISTERED AGENT MUST SIGN

Date 3/22/11

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	LOUIS E. HALLMAN, III	26250 ENTERPRISE CT., STE 100	LAKE FOREST, CA 92630
DIRECTOR	LOUIS E. HALLMAN, III	26250 ENTERPRISE CT., STE 100	LAKE FOREST, CA 92630
PRESIDENT	LOUIS E. HALLMAN, III	26250 ENTERPRISE CT., STE 100	LAKE FOREST, CA 92630
VP, CFO	KEITH KELSON	26250 ENTERPRISE CT., STE 100	LAKE FOREST, CA 92630
SECRETARY	MICHAEL JONES	26250 ENTERPRISE CT., STE 100	LAKE FOREST, CA 92630
TREASURER	DONNA WALKER	26250 ENTERPRISE CT., STE 100	LAKE FOREST, CA 92630

10. E-mail Address: JTDwyer@insighthealth.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Handwritten signature of Keith Kelson

KEITH KELSON

03-22-2011 949-282-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #