

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02271

FILED
May 01, 2012
Secretary of State

Entity Name: INSIGHT HEALTH CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 52-1278857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: HALLMAN III, LOUIS
Address: 26250 ENTERPRISE CT SUITE 100
City-St-Zip: LAKE FOREST, CA 92630 US

Title: P
Name: HALLMAN III, LOUIS
Address: 26250 ENTERPRISE CT SUITE 100
City-St-Zip: LAKE FOREST, CA 92630 US

Title: V
Name: KELSON, KEITH
Address: 26250 ENTERPRISE CT SUITE 100
City-St-Zip: LAKE FOREST, CA 92630 US

Title: S
Name: JONES, MICHAEL
Address: 26250 ENTERPRISE COURT SUITE 100
City-St-Zip: LAKE FOREST, CA 92630 US

Title: T
Name: WALKER, DONNA
Address: 26250 ENTERPRISE CT SUITE 100
City-St-Zip: LAKE FOREST, CA 92630 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEITH KELSON

V

05/01/2012

Electronic Signature of Signing Officer or Director

Date