

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P15597 (8)**

1. Corporation Name  
**MAXUM HEALTH SERVICES CORP.**



Principal Place of Business: **14850 QUORUM DR., STE 400 DALLAS TX 75240**  
Mailing Address: **14850 QUORUM DR., STE 400 DALLAS TX 75240**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/17/1987</b>	3a. Date of Last Report <b>06/27/1995</b>
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number <b>75-2135957</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	<b>FL</b>
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

Signature of principal or president of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CATO, GLENN P.</b>	1.2 NAME	
STREET ADDRESS	<b>14850 QUORUM DR., S-400</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>DALLAS TX</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DENNINGER, JOSEPH F.</b>	2.2 NAME	
STREET ADDRESS	<b>14850 QUORUM DR., S-400</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>DALLAS TX</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICKS, DON G.</b>	3.2 NAME	
STREET ADDRESS	<b>14850 QUORUM DRIVE SUITE 400</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>DALLAS TX</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LADOUCEUR, BOB</b>	4.2 NAME	
STREET ADDRESS	<b>11011 KING ST., STE 240</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>OVERLAND PARK KS</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYLAN, MIKE</b>	5.2 NAME	
STREET ADDRESS	<b>110 GIBRALTER RD., STE. 227</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>HORSHAM PA</b>	5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Don G. Hicks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)