

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 25 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 75240-7012**

2. Principal Place of Business 21 <b>4400 McARTHUR BLVD.</b> Subs. Apt. #, etc. 22 <b>STE. 800</b> City & State 23 <b>NEWPORT BEACH, CA</b> Zip 24 <b>92660</b>	2a. Mailing Address 26 <b>4400 McARTHUR BLVD.</b> Subs. Apt. #, etc. 27 <b>STE. 800, ATTN: J. CROW</b> City & State 28 <b>NEWPORT BEACH, CA</b> Zip 29 <b>92660</b>	3. Date Incorporated or Qualified <b>08/17/1987</b>	3a. Date of Last Report <b>01/30/1996</b>
		4. FEI Number <b>75-2135957</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 607.0602 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	CATO, GLENN P.	
STREET ADDRESS	14850 QUORUM DR., S-400	
CITY-STATE-ZIP	DALLAS TX	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	DENNINGER, JOSEPH F.	
STREET ADDRESS	14850 QUORUM DR., S-400	
CITY-STATE-ZIP	DALLAS TX	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HICKS, DON G.	
STREET ADDRESS	14850 QUORUM DRIVE SUITE 400	
CITY-STATE-ZIP	DALLAS TX	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LADOUCEUR, BOB	
STREET ADDRESS	11011 KING ST., STE 240	
CITY-STATE-ZIP	OVERLAND PARK KS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOYLAN, MIKE	
STREET ADDRESS	110 GIBRALTER RD., STE. 227	
CITY-STATE-ZIP	HORSHAM PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P. D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	R. LARRY ATKINS	
1.3 STREET ADDRESS	4400 McARTHUR BLVD, STE 800	
1.4 CITY-STATE-ZIP	NEWPORT BEACH, CA 92660	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	THOMAS V. CROWL	
2.3 STREET ADDRESS	4400 McARTHUR BLVD., STE 800	
2.4 CITY-STATE-ZIP	NEWPORT BEACH, CA 92660	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GLENN P. CATO	
3.3 STREET ADDRESS	4400 McARTHUR BLVD., STE 800	
3.4 CITY-STATE-ZIP	NEWPORT BEACH, CA 92660	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do 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 annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am the officer or director of the corporation, or the registered or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: **Brian G. Deagba** 714-476-0733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)