

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P15597 (8)

1. Corporation Name
MAXUM HEALTH SERVICES CORP.



Principal Place of Business 4400 MACARTHUR BLVD. STE. 800 NEWPORT BEACH CA 92660 US	Mailing Address 4400 MACARTHUR BLVD. STE. 800 NEWPORT BEACH CA 92660 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/17/1987	
21	Suite, Apt #, etc	26	Suite, Apt #, etc.	4. FEI Number 75-2135957	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PSD CATO, GLENN P.	12 NAME	
STREET ADDRESS	14850 QUORUM DR., S-400	13 STREET ADDRESS	4400 MacArthur Blvd Ste 800
CITY-ST-ZIP	DALLAS TX	14 CITY-ST-ZIP	Newport Beach, Ca 92660
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD ATKINS, LARRY E.	22 NAME	
STREET ADDRESS	4400 MACARTHUR BLVD., STE. 800	23 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROAL, THOMAS V.	32 NAME	SV
STREET ADDRESS	4400 MACARTHUR BLVD., STE. 800	33 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADOUCEUR, BOB	42 NAME	
STREET ADDRESS	11011 KING ST., STE 240	43 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLAN, MIKE	52 NAME	
STREET ADDRESS	110 GIBRALTER RD., STE. 227	53 STREET ADDRESS	
CITY-ST-ZIP	HORSHAM PA	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	Brian G Draxler
STREET ADDRESS		63 STREET ADDRESS	4400 Mac Arthur Blvd Ste 800
CITY-ST-ZIP		64 CITY-ST-ZIP	Newport Beach, Ca 92660

14. I 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 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:  DATE: **4/24/98**

CR2E034 (10/97)