

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15597

1. Entity Name

MAXUM HEALTH SERVICES CORP. ✓

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90020 020 ***550.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2135957

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME MORITA, TAMMY M
 STREET ADDRESS 6643 E. SMOKEY AVE
 CITY-ST-ZIP ORANGE CA 92687

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME PD ATKINS, LARRY E.
 STREET ADDRESS 4400 MACARTHUR BLVD., STE. 800
 CITY-ST-ZIP NEWPORT BEACH CA

TITLE Change Addition
 NAME PD Steven Plachocki
 STREET ADDRESS 4400 MacArthur Blvd. Suite 800
 CITY-ST-ZIP Newport Beach, CA 92660

TITLE Delete
 NAME SV CROAL, THOMAS V.
 STREET ADDRESS 4400 MACARTHUR BLVD., STE. 800
 CITY-ST-ZIP NEWPORT BEACH CA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME V LADOUCEUR, BOB
 STREET ADDRESS 11011 KING ST., STE 240
 CITY-ST-ZIP OVERLAND PARK KS

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME V BOYLAN, MIKE
 STREET ADDRESS 110 GIBRALTER RD., STE. 227
 CITY-ST-ZIP HORSHAM PA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME V DRAZBA, BRIAN G.
 STREET ADDRESS 4400 MACARTHUR BLVD STE 800
 CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)