
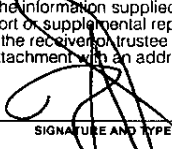


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90116 030 ***150.00

DOCUMENT # P15597							
1. Entity Name MAXUM HEALTH SERVICES CORP.							
Principal Place of Business 26250 ENTERPRISE CT., STE 100 LAKE FOREST, CA 92630 US			Mailing Address 26250 ENTERPRISE CT., STE 100 LAKE FOREST, CA 92630 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 75-2135957			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT, CEO & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MORITA, TAMMY M		NAME	BRET W. JORGENSEN			
STREET ADDRESS	6643 E. SMOKEY AVE		STREET ADDRESS	26250 ENTERPRISE COURT, STE 100			
CITY-ST-ZIP	ORANGE, CA 92687		CITY-ST-ZIP	LAKE FOREST, CA 92630			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	BVP & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CANNIZZARO, MICHAEL		NAME	MITCH C. HILL			
STREET ADDRESS	26250 ENTERPRISE COURT SUITE 100		STREET ADDRESS	26250 ENTERPRISE COURT, STE 100			
CITY-ST-ZIP	LAKE FOREST, CA 92630		CITY-ST-ZIP	LAKE FOREST, CA 92630			
TITLE	TAS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TUHOLSKY, KENT E		NAME				
STREET ADDRESS	4400 MACARTHUR BLVD., STE. 800		STREET ADDRESS	26250 ENTERPRISE COURT, STE 100			
CITY-ST-ZIP	NEWPORT BEACH, CA		CITY-ST-ZIP	LAKE FOREST, CA 92630			
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOYLAN, MIKE		NAME				
STREET ADDRESS	440 GIBRALTER RD., STE 222		STREET ADDRESS	26250 ENTERPRISE COURT, STE 100			
CITY-ST-ZIP	HORSHAM, PA		CITY-ST-ZIP	LAKE FOREST, CA 92630			
TITLE	V	<input type="checkbox"/> Delete	TITLE	SVP & CAO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DRAZBA, BRIAN G.		NAME				
STREET ADDRESS	4400 MACARTHUR BLVD STE 800		STREET ADDRESS	26250 ENTERPRISE COURT, STE 100			
CITY-ST-ZIP	NEWPORT BEACH, CA 92660		CITY-ST-ZIP	LAKE FOREST, CA 92630			
TITLE		<input type="checkbox"/> Delete	TITLE	BVP & SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	MARILYN U. MACNIVEN-YOUNG			
STREET ADDRESS			STREET ADDRESS	26250 ENTERPRISE COURT, STE 100			
CITY-ST-ZIP			CITY-ST-ZIP	LAKE FOREST, CA 92630			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 		BRIAN G. DRAZBA, SVP & CAO		04/19/06 (949) 282-6000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

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