


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90007 015 \*\*\*150.00

**DOCUMENT # P15597**

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



Principal Place of Business      Mailing Address  
**26250 ENTERPRISE CT., STE 100**      **26250 ENTERPRISE CT., STE 100**  
**LAKE FOREST, CA 92630 US**      **LAKE FOREST, CA 92630 US**

**40006336**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01242007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**75-2135957**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

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

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

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO JORGEN, BRET W 26250 ENTERPRISE CT., STE 100 LAKE FOREST, CA 92630	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO HILL, MITCH C 26250 ENTERPRISE CT., STE 100 LAKE FOREST, CA 92630	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAS TUHOLSKY, KENT E 26250 ENTERPRISE CT., STE 100 LAKE FOREST, CA 92630	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BOYLAN, MIKE 26250 ENTERPRISE CT., STE 100 LAKE FOREST, CA 92630	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVCA DRAZBA, BRIAN G 26250 ENTERPRISE CT., STE 100 LAKE FOREST, CA 92630	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP MACNIVEN-YOUNG, MARILYN U 26250 ENTERPRISE CT., STE 100 LAKE FOREST, CA 92630	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attached report with an address, with all other like empowered.

**SIGNATURE:**  **BRIAN G. DRAZBA, SVP & CAO, 01/25/07 (949) 282-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #