

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-07-2001 90009 002 ***550.00

DOCUMENT # F00000004444

1. Entity Name
DIGIRAD IMAGING SOLUTIONS, INC.

Principal Place of Business Mailing Address
9350 TRADE PLACE 9350 TRADE PLACE
SAN DIEGO CA 92126 SAN DIEGO CA 92126

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 **33-0919092** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPAMERICA, INC.
416 S.E. 15 STREET
FORT LAUDERDALE FL 33316

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.

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 12, 2001 Fee 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PCEO HUENNEKENS, SCOTT
13557 PENFIELD POINT
SAN DIEGO CA 92130 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VCFO MEHRBERG, JOYCE
13557 PENFIELD POINT
SAN DIEGO CA 92130 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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] **8-23-01 858-530-206**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E004 (5/01)