

103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

F000000002671

CONTACT: CINDY HICKS

DATE: 5.12.00

REF. #: 0173

CORP. NAME: Comprehensive Medical  
Imaging - Boynton Beach, Inc.

8000003250638--0  
-05/12/00--01064--009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION        | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                    | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                    | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION      | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                   |
| <input type="checkbox"/> OTHER:                           |   |  |

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
00 MAY 12 PM 1:30

STATE FEES PREPAID WITH CHECK# 7729 FOR \$ 70

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

RECEIVED  
00 MAY 12 AM 10:57  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

COST LIMIT: \$

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

h/K 5/12

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA**

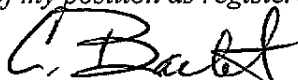
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY 12 PM 1:30

1. Comprehensive Medical Imaging-Boynton Beach, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware  
(State or country under the law of which it is incorporated)
3. 77-0538206  
(FEI number, if applicable)
4. March 21, 2000  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 3396 Willow Lane, #200  
Westlake Village, CA 91361  
(Current mailing address)
8. Medical Imaging Services  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**  
  
Name: NRAI Services, Inc.  
  
Office Address: 526 E. Park Avenue  
  
Tallahassee, Florida, 32301  
(Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

Charles Baclet, Vice President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: Monty Fu

Address: 6464 Canoga Avenue

Woodland Hills, CA 91367

Vice Chairman: n/a

Address: \_\_\_\_\_

Director: Robert G. Funari

Address: 6464 Canoga Avenue

Woodland Hills, CA 91367

Director: Haig S. Bagerdjian

Address: 6464 Canoga Avenue

Woodland Hills, CA 91367

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: David L. Ward

Address: 3396 Willow Lane, #200

Westlake Village, CA 91361

Vice President: Dale Thompson, Sr. Vice President, Imaging Services

Address: 3396 Willow Lane, #200

Westlake Village, CA 91361

Secretary: Wayne K. Baldwin

Address: 3396 Willow Lane, #200

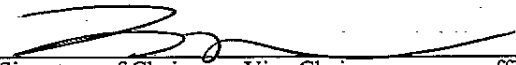
Westlake Village, CA 91361

Chief Financial Officer Rochelle J. Martel

Address: 3396 Willow Lane, #200

Westlake Village, CA 91361

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Monty Fu, Chairman of the Board  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY 12 PM 1:30

*State of Delaware*  
*Office of the Secretary of State*

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PAGE 1

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY 12 PM 1:30

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPREHENSIVE MEDICAL IMAGING-BOYNTON BEACH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MARCH, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMPREHENSIVE MEDICAL IMAGING-BOYNTON BEACH, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF MARCH, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



3198061 8300

001144493

  
Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

0330589

03-22-00