

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**  
 03-27-2001 90021 048 \*\*\*150.00

**DOCUMENT # F00000002671**

1. Entity Name  
**COMPREHENSIVE MEDICAL IMAGING-BOYNTON BEACH, INC**

Principal Place of Business

Mailing Address

**3396 WILLOW LANE, #200  
 WESTLAKE VILLAGE CA 91361**

**3396 WILLOW LANE, #200  
 WESTLAKE VILLAGE CA 91361**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**WOODLAND HILLS CA**

City & State  
**WOODLAND HILLS CA**

Zip  
**91367**

Country

Zip  
**91367**

Country

4. FEI Number **77-0538206**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.  
 526 EAST PARK AVENUE  
 TALLAHASSEE FL 32301**

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 \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>WARD, DAVID L</b><br><b>3396 WILLOW LANE, #200</b><br><b>WESTLAKE VILLAGE CA 91361</b>        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>THOMPSON, DALE SR.</b><br><b>3396 WILLOW LANE, #200</b><br><b>WESTLAKE VILLAGE CA 91361</b>   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>BALDWIN, WAYNE-K</b><br><b>3396 WILLOW LANE, #200</b><br><b>WESTLAKE VILLAGE CA 91361</b>     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CFO</b><br><b>MARTEL, ROCHELLE J</b><br><b>3396 WILLOW LANE, #200</b><br><b>WESTLAKE VILLAGE CA 91361</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD</b><br><b>FU, MONTY</b><br><b>6464 CANOGA AVENUE</b><br><b>WOODLAND HILLS CA 91367</b>                 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>FUNARI, ROBERT G</b><br><b>6464 CANOGA AVENUE</b><br><b>WOODLAND HILLS CA 91367</b>           | <input type="checkbox"/> Delete            |

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>6464 CANOGA AVENUE</b><br><b>WOODLAND HILLS CA 91367</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>6464 CANOGA AVENUE</b><br><b>WOODLAND HILLS CA 91367</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>S</b><br><b>JOHN S. BAUMANN</b><br><b>6464 CANOGA AVENUE</b><br><b>WOODLAND HILLS, CA 91367</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>6464 CANOGA AVENUE</b><br><b>WOODLAND HILLS CA 91367</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN S. BAUMANN**

Date

Daytime Phone #

**88-737-4492**

CR2E034 (10/00)