

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JUN -6 AM 8:34

**DOCUMENT #** F00000002671

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

<b>Principal Place of Business</b> 6464 Canoga Avenue Woodland Hills, CA 91367	<b>Mailing Address</b> (same)
<b>2. Principal Place of Business</b> 6464 Canoga Avenue Suite, Apt. #, etc.	<b>3. Mailing Address</b> 6464 Canoga Avenue Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Woodland Hills, CA	<b>City &amp; State</b> Woodland Hills, CA	<b>4. FEI Number</b> 77-0538206	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 91367	<b>Country</b> USA	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b> NRAI Services, Inc. 526 E. Park Avenue Tallahassee FL 32301		<b>7. Name and Address of New Registered Agent</b> 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 \$350.00  
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	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CEO/Director Monty Fu 6464 Canoga Ave. Woodland Hills, CA 91367 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Funari 6464 Canoga Ave. Woodland Hills, CA 91367 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	President David Ward 6464 Canoga Ave. Woodland Hills, CA 91367 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Rochelle Martel 6464 Canoga Ave. Woodland Hills, 91367 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ed Burgos 6464 Canoga Ave. Woodland Hills, CA 91367 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Mark N. Delevie 6464 Canoga Ave. Woodland Hills, CA 91367 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS 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:

Mark N. Delevie

5/31/02

818.737.4671

CR2E034 (11/00)



Comprehensive Medical Imaging-Boynton Beach, Inc.  
6464 Canoga Avenue  
Woodland Hills, CA 91367

Phone 818.737.4000  
Fax 818.737.4282

June 3, 2002

Florida Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Comprehensive Medical Imaging-Boynton Beach, Inc.  
Federal I.D. No. 77-0538206  
Filing of Annual Report

Gentlemen:

Attached for filing with the Division of Corporations is one original and one copy of the current Annual Report for the year 2002. We never received the preprinted annual report form with the Company information from the Division. Since the annual report form was evidently lost in the mail, we would appreciate your assistance and consideration in waiving the late fee.

Very truly yours,

Mark N. Delevie  
Assistant Secretary