

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90246 001 \*\*\*150.00

<b>DOCUMENT # F00000002671</b> 1. Entity Name <b>COMPREHENSIVE MEDICAL IMAGING-BOYNTON BEACH, INC.</b>					
Principal Place of Business <b>6464 CANOGA AVENUE WOODLAND HILLS, CA 91367</b>			Mailing Address <b>6464 CANOGA AVENUE WOODLAND HILLS, CA 91367</b>		
2. Principal Place of Business <b>7000 Cardinal Place</b>		3. Mailing Address <b>7000 Cardinal Place</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Dublin, OH</b>		City & State <b>Dublin, OH</b>		4. FEI Number <b>77-0538206</b>	
Zip <b>43017</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WARD, DAVID L.</b> <b>6464 CANOGA AVENUE</b> <b>WOODLAND HILLS, CA 91367</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Gordon A. Troup</b> <b>7000 Cardinal Place</b> <b>Dublin, OH 43017</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD</b> <b>DELEVIE, MARK N</b> <b>6464 CANOGA AVENUE</b> <b>WOODLAND HILLS, CA 91367</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President-Tax</b> <b>Michael R. Nelson</b> <b>7000 Cardinal Place</b> <b>Dublin, OH 43017</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BURGOS, ED</b> <b>6464 CANOGA AVENUE</b> <b>WOODLAND HILLS, CA 91367</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Paul S. Williams</b> <b>7000 Cardinal Place</b> <b>Dublin, OH 43017</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FORSTER, WILLIAM</b> <b>6464 CANOGA AVENUE</b> <b>WOODLAND HILLS, CA 91367</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Donna Brandin</b> <b>7000 Cardinal Place</b> <b>Dublin, OH 43017</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD</b> <b>FU, MONTY</b> <b>6464 CANOGA AVENUE</b> <b>WOODLAND HILLS, CA 91367</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FUNARI, ROBERT G</b> <b>6464 CANOGA AVENUE</b> <b>WOODLAND HILLS, CA 91367</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Richard J. Miller</b> <b>7000 Cardinal Place</b> <b>Dublin, OH 43017</b>	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Michael R. Nelson, VP-Tax</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>APR 20 2004</b> Date		
614-757-5000 Daytime Phone #					