

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

FILING COVER SHEET
ACCT. #FC

F06000004005

CONTACT: CINDY HICKS

DATE: 7-18-00

REF. #: 0173. 12441

CORP. NAME: COMPREHENSIVE MEDICAL IMAGING -
Arlington, Inc.

- | | | |
|---|---|--|
| <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: | | |

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
JUL 18 AM 11:26

STATE FEES PREPAID WITH CHECK# 19859 FOR \$ 70

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: 700003326267--9
-07/18/00--01035--015
*****70.00 *****70.00

COST LIMIT: \$

PLEASE RETURN:

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

Examiner's Initials

RECEIVED
JUL 18 AM 10:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301
7/18

**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.*

1. COMPREHENSIVE MEDICAL IMAGING-ARLINGTON, 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. 77-0547387

(FEI number, if applicable)

4. June 27, 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, Suite 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 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 East 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.

NRAI Services, Inc.


(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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 18 AM 11:26

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

Chairman: Monty Fu

Address: 6464 Canoga Ave.

Woodland Hills, CA 91367

Vice Chairman: N/A

Address: _____

Director: Robert G. Funari

Address: 6464 Canoga Ave.

Woodland Hills, CA 91367

Director: Haig S. Bagerdjian

Address: 6464 Canoga Ave.

Woodland Hills, CA 91367

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

President: David L. Ward

Address: 3396 Willow Lane, Suite 200

Westlake Village, CA 91361

Vice President: N/A

Address: _____

Secretary: Wayne K. Baldwin

Address: 3396 Willow Lane, Suite 200

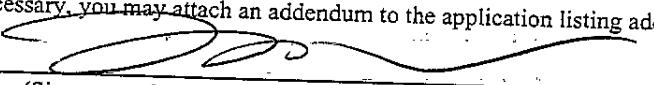
Westlake Village, CA 91361

Treasurer: Rochelle J. Martel

Address: 3396 Willow Lane, Suite 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)

00 JUL 18 AM 11:26
DIVISION OF CORPORATIONS
STATE OF CALIFORNIA

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPREHENSIVE MEDICAL IMAGING-ARLINGTON, 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-SEVENTH DAY OF JUNE, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMPREHENSIVE MEDICAL IMAGING-ARLINGTON, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2000.

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 18 AM 10:25



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

3251427 8300

001328208

AUTHENTICATION:

0526501

DATE:

06-27-00