

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90020 003 \*\*\*150.00

**DOCUMENT # F00000004005**

1. Entity Name

**COMPREHENSIVE MEDICAL IMAGING-ARLINGTON, INC.**

Principal Place of Business

Mailing Address

3396 WILLOW LANE, SUITE 200  
WESTLAKE VILLAGE CA 91361

3396 WILLOW LANE, SUITE 200  
WESTLAKE VILLAGE CA 91361

2. Principal Place of Business

3. Mailing Address

6464 Canoga Avenue Suite, Apt. #, etc.

6464 Canoga Avenue Suite, Apt. #, etc.

City & State  
WOODLAND HILLS CA

City & State  
WOODLAND HILLS CA

Zip 91367 Country

Zip 91367 Country

4. FEI Number 77-0547387

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 P  
NAME WARD, DAVID L  
STREET ADDRESS 3396 WILLOW LANE, SUITE 200  
CITY-ST-ZIP WESTLAKE VILLAGE CA 91361 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME 6464 Canoga Avenue  
STREET ADDRESS WOODLAND HILLS CA 91367  
CITY-ST-ZIP ☒ Addition

TITLE S  
NAME BALDWIN, WAYNE K  
STREET ADDRESS 3396 WILLOW LANE, SUITE 200  
CITY-ST-ZIP WESTLAKE VILLAGE CA 91361 ☒ Delete

TITLE ☐ Change ☒ Addition  
NAME John S. BAUMAN  
STREET ADDRESS 6464 Canoga Avenue  
CITY-ST-ZIP WOODLAND HILLS CA 91367 ☒ Addition

TITLE T  
NAME MARTEL, ROCHELLE J  
STREET ADDRESS 3396 WILLOW LANE, SUITE 200  
CITY-ST-ZIP WESTLAKE VILLAGE CA 91361 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME 6464 Canoga Avenue  
STREET ADDRESS WOODLAND HILLS CA 91367  
CITY-ST-ZIP ☒ Addition

TITLE CD  
NAME FU, MONTY  
STREET ADDRESS 6464 CANOGA AVE.  
CITY-ST-ZIP WOODLAND HILLS CA 91367 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME FUNARI, ROBERT G  
STREET ADDRESS 6464 CANOGA AVE.  
CITY-ST-ZIP WOODLAND HILLS CA 91367 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BAGERDJIAN, HAIG S  
STREET ADDRESS 6464 CANOGA AVE.  
CITY-ST-ZIP WOODLAND HILLS CA 91367 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*John S. BAUMAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

818-737-4492

CR2E034 (10/00)