2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0000004008 1. Entity Name COMPREHENSIVE MEDICAL IMAGING-FORT LAUDERDALE, I

Principal Place of Business

Mailing Address

3396-WILLOW-LANE. SUITE-200 WESTLAKE VILLAGE CA 91361

2. Principal Place of Business

3696 WILLOW-LANE, SUITE-200

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

03-27-2001 90021 047 ***150.00

Suite, Apr.	#, 61C.		Suite, Apt. #, etc.	U		DO NOT WRITE IN	11 110 01 7	CL		
Qity & Stat	e .	. date ca	City & State	l'ara ca	4. 1	FEI Number 77-0547382		Ар	plied For	
WOOD	Oth	d Hills CA	WOODLAND	HILLS CA	-	77 0047002		No	t Applicable	
Z013/	'm	Country	^{zin} 91367	Country	5. (Certificate of Status Desired		.75 Add Required		
., ,,,	6. Nam	ne and Address of Current R	Registered Agent		7. 1	Name and Address of New Regist	tered Age	nt		
			- 1- 	~ Name	 -	mana and a second a	-			
NRAI SERVICES, INC.					Street Address (P.O. Box Number is Not Acceptable)					
	K AVE.		Ollocin							
TALLAHASSEE FL 32301										
				City			— • T	Zip Code		
				City			FL	Lip Cour		
8. The above	named ent	tity submits this statement for	the purpose of changing its	s registered office or	registered ag	ent, or both, in the State of Florida.				
			74							
SIGNATURE								****		
0.00,0000000000000000000000000000000000	Signature, type	ed or printed name of registered agent ar	nd title if applicable. (NOT	FE: Registered Agent signate	ire required when r	einstating)	DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00										
•	t and elects to do so.		001 Fee will be \$5		 Election Campaign Financial Trust Fund Contribution. 	ng 🗆		O May Be to Fees		
(See criter	ria on back) 🗆	Make Check Paya	ble to Department	t of State	Trust Fund Contribution.	_	Added	101000	
11. OFFICERS AND DIRECTORS					AC	DITIONS/CHANGES TO OFFICER	S AND D	RECTORS	3 IN 11	
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NAME STREET ADDRESS		NOGA AVE.		STREET ADDRESS						
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13 i hereby	certify that i	the information supplied with	this filing does not qualify for	or the exemption sta	ted in Section	119.07(3)(i), Florida Statutes. I furth	ner certify	that the in	nformation	
indicator	1 on thic ror	ant or cumplemental report ic.	true and accurate and that.	my signature shall h	lave the same.	legal effect as it made under oath:	mariam.	an omcer	or airector	
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.										

S. Baumann