200% UNIFORM BUSINESS REPORT (UBR) SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # F0000004008 COMPREHENSIVE MEDICAL IMAGING-FORT LAUDERDALE, INC. 02 JUN -6 AM 8: 34 Principal Place of Business Mailing Address 6464 Canoga Avenue Woodland Hills, CA 91367 (same) 2. Principal Place of Business 6464 Canoga Avenue 3. Mailing Address 6464 Canoga Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Woodland Hills, CA City & State
Woodland Hills, CA 4. FE! Number Applied For 77-0547382 Not Applicable Country Zip Country \$8.75 Additional 91367 USA 91367 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI Services, Inc. 526 E. Park Avenue Street Address (P.O. Box Number is Not Acceptable) Tallahassee FL 32301 City A Carried 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 9. This corporation is eligible to satisfy its intangible Ser(MAY 1 200 | Fee will be \$550 Check Payable to Department of 10. Election Campaign Financing Tax filling requirement and elects to do so. \$5.00 May Be (See criteria on back) Trust Fund Contribution. 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CEO/Director TITLE Delete TITLE ☐ Change ☐ Addition Monty Fu 6464 Canoga Ave. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Woodland Hills, CA 91367 CITY-ST-ZIP Director MLE Delete TILE **600005744,356,000** -06/07/02--01016--002 Robert Funari NAME NAME STREET ADDRESS 6464 Canoga Ave. STREET ADDRESS \*\*\*2300.00 \*\*\*\*150.00 CITY - ST- ZIP Woodland Hills, CA 91367 CITY-ST-ZIP President TITLE Deleta TITLE NAME . David Ward NAME 6464 Canoga Ave. Woodland Hills, CA 91367 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Treasurer TITLE ☐ Delete IME Change Addition NAME Rochelle Martel NAME 6464 Canoga Ave. STREET ADDRESS STREET ADDRESS |Woodland Hills, 91367 CITY - ST- 7IP CITY-ST-ZW Secretary MLE Delete TITLE Change ☐ Addition Ed Burgos NAME NAME 6464 Canoga Ave. STREET ADDRESS STREET ADDRESS CITY - ST- ZIP Woodland Hills, CA 91367 CITY-ST-ZIP Assistant Secretary Deleta TITLE ☐ Change Addition . Mark N. Delevie NAME NAME STREET ADDRESS 6464 Canoga Ave. STREET ADDRESS Woodland Hills, CA 91367 CITY - ST- ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

Mark N. Delevie

5/31/02

818.737.4671

SIGNATURE:



Comprehensive Medical Imaging-Fort Lauderdale, 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-Fort Lauderdale, Inc.

Federal I.D. No. 770547382 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