

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-27-2001 90021 043 ***150.00

DOCUMENT # F00000004009

1. Entity Name
COMPREHENSIVE MEDICAL IMAGING-ORANGE PARK, 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

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. FEI Number **77-0547384**

Applied For
Not Applicable

Zip
91367

Country

Zip
91367

Country

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

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

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

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

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

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

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. BAUMANN

Date

Daytime Phone #

818-737-4492

CR2E034 (10/00)