

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-27-2001 90021 046 ***150.00

DOCUMENT # F00000004011

1. Entity Name

COMPREHENSIVE MEDICAL IMAGING-SALISBURY, 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.

City & State

City & State

WOODLAND HILLS CA

WOODLAND HILLS CA

Zip

Country

Zip

Country

91367

91367

4. FEI Number 95-4808730

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 ☐ Delete
 STREET ADDRESS 3396 WILLOW LANE, SUITE 200
 CITY-ST-ZIP WESTLAKE VILLAGE CA 91361

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

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

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

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

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. BAUMANN

Date

Daytime Phone #

818-737-4492

CR2E034 (10/00)