2001 UNIFORM BUSINESS REPORT (UBR) SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # F0000004011 1. Entity Name 02 JUN -6 AM 8: 34 COMPREHENSIVE MEDICAL IMAGING-SALISBURY, INC. 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 4. FEI Number 95–4808730 City & State Woodland Hills, CA Applied For 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 1 Consider 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 10. Election Campaign Financing Tax filing requirement and elects to do so. er MAY 1, 2001 Fee will bel\$550 Check Payable to Department of \$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 Woodland Hills, CA 91367 CITY-ST-ZIP CITY-ST-ZIP Director MLE ☐ Delete TITLE 3000057299989466 -06/07/02--01016--002 Robert Funari NAME NAME STREET ADDRESS 6464 Canoga Ave. STREET ADDRESS ***2300.00 ****150.0D CITY - ST- ZIP Woodland Hills, CA 91367 CITY-ST-ZIP President TITLE ☐ Delete ШF NAME David Ward NAME 6464 Canoga Ave. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Woodland Hills, CA 91367 CITY-ST-ZIP TITI F Treasurer ☐ Delete IME Change ☐ Addition NAME Rochelle Martel NAME 6464 Canoga Ave. STREET ADDRESS STREET ADDRESS Woodland Hills, 91367 CITY - ST- 71P CITY-ST-ZIP Secretary MLE Delete TITLE ☐ Change Addition Ed Burgos MME NAME STREET ADDRESS 6464 Canoga Ave. STREET ADDRESS Woodland Hills, CA 91367 CITY-ST-ZIP CITY-ST-ZIP Assistant Secretary mle Delete TITLE Change Addition Mark N. Delevie NAME NAME STREET ADDRESS 6464 Canoga Ave. STREET ADDRESS Woodland Hills, CA 9136 CITY - ST- ZIP 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(3XI), 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 occupant 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-Salisbury, 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-Salisbury, Inc.

Federal I.D. No. 954808730 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