

CCRS  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

**F01000002669**

FILED  
MAY 17 PM 1:18  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CONTACT: CINDY HICKS

DATE: 5-17-01

REF. #: 0173.16136

CORP. NAME: COMPREHENSIVE MEDICAL IMAGING  
CENTERS, INC.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION        | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                    | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                    | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION      | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                   |
| <input type="checkbox"/> OTHER: _____                     |   |  |

STATE FEES PREPAID WITH CHECK# 22960 FOR \$ 70.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

600004242286--9  
-05/17/01--01054--012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

BK

- ☐ CERTIFIED COPY      ☐ CERTIFICATE OF GOOD STANDING  
☐ CERTIFICATE OF STATUS

☒ PLAIN STAMPED COPY

Examiner's Initials

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**


IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Comprehensive Medical Imaging Centers, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 95-4666946  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 17, 1997 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 6464 Canoga Avenue, Woodland Hills, CA 91367  
(Principal office address)
- 6464 Canoga Avenue, Woodland Hills, CA 91367  
(Current mailing address)
8. medical diagnostic imaging  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: NRAI Services, Inc.
- Office Address: 526 E. Park Avenue
- Tallahassee, Florida 32301  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

NRAI Services, Inc.



Charles Baclet, Vice President

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Monty Fu

Address: 6464 Canoga Avenue

Woodland Hills, CA 91367

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Haig S. Bagerdjian

Address: 6464 Canoga Avenue

Woodland Hills, CA 91367

Director: Robert G. Funari

Address: 6464 Canoga Avenue

Woodland Hills, CA 91367

**B. OFFICERS**

President: see Attachment 12B

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

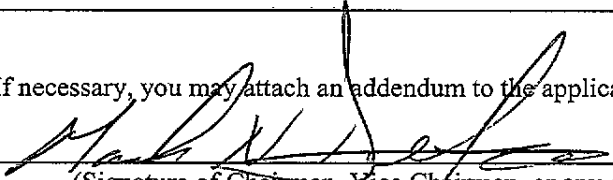
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Mark N. Delevie, Assistant Secretary

(Typed or printed name and capacity of person signing application)

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**Attachment 12B**

David L. Ward  
Rochelle J. Martel  
Dale Thompson  
Laura Mower  
John S. Baumann  
John Z. Wang  
Mark N. Delevie

President and Chief Executive Officer  
Chief Financial Officer  
Senior Vice President, Imaging Services  
Senior Vice President, Imaging Services  
Secretary  
Assistant Secretary  
Assistant Secretary

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TALLAHASSEE FLORIDA

State of Delaware

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Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPREHENSIVE MEDICAL IMAGING CENTERS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF MAY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMPREHENSIVE MEDICAL IMAGING CENTERS, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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010230720

*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1132073

DATE: 05-14-01

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01 MAY 17 1:18  
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