2001 UNIFORM BUSINESS REPORT (UBR) FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # F01000002669** 1. Entity Name COMPREHENSIVE MEDICAL IMAGING CENTERS, 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 Čanoga Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 95-4666946 City & State Woodland Hills, CA City & State Woodland Hills, CA Applied For Not Applicable Country Ζip \$8.75 Additional 91367 5. Certificate of Status Desired 91367 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 526 E. Park Avenue Tallahassee FL 32301 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 FILE NOW1 FEE ISS 150 HTG After MAY 1/2001 Fee Willibu \$550 Make Creek Payable to Department of 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 мау Ве (See criteria on back) Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEO/Director TITLE ☐ Delete ☐ Addition Monty Fu MALE NAME STREET ADDRESS 6464 Canoga Ave. STREET ADDRESS Woodland Hills, CA 91367 CITY - ST - ZIP CITY-ST-ZIP Director ШE Delete TITLE ☐ Change Addition Robert Funari NAME NAME 6464 Canoga Ave. STREET ADDRESS STREET ADDRESS Woodland Hills, CA 91367 CITY - ST-ZIP CITY-ST-ZIP President MLE 900005 72**%을** -08/97/02--010 Delete TITLE David Ward NAME NAME 6464 Canoga Ave. STREET ADDRESS STREET ADDRESS \*\*\*2300.00 \*\*\*\*150.00 CITY-ST-ZIP Woodland Hills, CA 91367 CITY-ST-77P MLE Treasurer Delete IME ☐ Change ☐ Addition Rochelle Martel NAME NAME 6464 Canoga Ave. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Woodland Hills, 91367 CITY-ST-7P Secretary πLE Delete Change Addition Ed Burgos NAME NAME STREET ADDRESS 6464 Canoga Ave. STREET ADDRESS CITY-ST-ZIP Woodland Hills, CA 91367 CITY-ST-ZIP Assistant Secretary TITLE ☐ Delete TITLE Addition Mark N. Delevie NAME NAME 6464 Canoga Ave. STREET ADDRESS STREET ADDRESS Woodland Hills, CA 91367 CITY - ST - 719 CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing goes not qualify/0) 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 mat 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 employment 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 employment.

Mark N. Delevie

5/31/02

818.737.4671

SIGNATURE:



Comprehensive Medical Imaging Centers, 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 Centers, Inc.,

Federal I.D. No. 95-4666946 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