

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90246 011 ***150.00

DOCUMENT # F01000002669

1. Entity Name
COMPREHENSIVE MEDICAL IMAGING CENTERS, INC.



Principal Place of Business
**6464 CANOGA AVENUE
WOODLAND HILLS, CA 91367**

Mailing Address
**6464 CANOGA AVENUE
WOODLAND HILLS, CA 91367**

94061840



2. Principal Place of Business
7000 Cardinal Place
Suite, Apt. #, etc.

3. Mailing Address
7000 Cardinal Place
Suite, Apt. #, etc.

04082004 Chg-P CR2E034 (10/03)

City & State
Dublin, OH

City & State
Dublin, OH

4. FEI Number
95-4666946

Applied For
☐ Not Applicable

Zip
43017

Country
USA

Zip
43017

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P WARD, DAVID J**
STREET ADDRESS **6464 CANOGA AVENUE**
CITY-ST-ZIP **WOODLAND HILLS, CA 91367**

TITLE ☐ Delete
NAME **T FORSTER, WILLIAM**
STREET ADDRESS **6464 CANOGA AVENUE**
CITY-ST-ZIP **WOODLAND HILLS, CA 91367**

TITLE ☐ Delete
NAME **S DELEVIE, MARK**
STREET ADDRESS **6464 CANOGA AVENUE**
CITY-ST-ZIP **WOODLAND HILLS, CA 91367**

TITLE ☐ Delete
NAME **S BURGOS, ED**
STREET ADDRESS **6464 CANOGA AVENUE**
CITY-ST-ZIP **WOODLAND HILLS, CA 91367**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **President Gordon A. Troup**
STREET ADDRESS **7000 Cardinal Place**
CITY-ST-ZIP **Dublin, OH 43017**

TITLE ☒ Change ☐ Addition
NAME **Treasurer Donna Brandin**
STREET ADDRESS **7000 Cardinal Place**
CITY-ST-ZIP **Dublin, OH 43017**

TITLE ☒ Change ☐ Addition
NAME **Secretary Paul S. Williams**
STREET ADDRESS **7000 Cardinal Place**
CITY-ST-ZIP **Dublin, OH 43017**

TITLE ☒ Change ☐ Addition
NAME **Vice President-Tax Michael R. Nelson**
STREET ADDRESS **7000 Cardinal Place**
CITY-ST-ZIP **Dublin, OH 43017**

TITLE ☒ Change ☐ Addition
NAME **Director Richard J. Miller**
STREET ADDRESS **7000 Cardinal Place**
CITY-ST-ZIP **Dublin, OH 43017**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Michael R. Nelson, VP-Tax

SIGNATURE:

Michael R. Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 20 2004

Date

614-757-5000

Daytime Phone #