

F98000000595

FILING COVER SHEET

REFERENCE: 0173.0000

DATE: 2-2-98

CONTACT: CINDY HICKS

FROM: CORPORATE & CRIMINAL RESEARCH SERVICES

103 N. MERIDIAN STREET 188802410421-9
TALLAHASSEE, FL 32301 -02/02/98-01048-003
***122.50 ***122.50

TELEPHONE: 222-1173

SUBJECT: Comprehensive Medical
Imaging, Inc

STATE FEES PREPAID WITH CHECK # 1942 FOR \$ 122.50

4/2/2

PLEASE FILE:

- ARTICLES OF INC.
- QUALIFICATION
- FICTITIOUS NAME
- UCC-1
- AMENDMENT
- LIMITED PARTNERSHIP
- LIMITED LIABILITY
- UCC-3
- DISSOLUTION
- ANNUAL REPORT
- REINSTATEMENT

PROVIDE US WITH:

- CERTIFIED COPY
- CERTIFICATE OF STATUS
- STAMPED COPY

FILED RECEIVED
 98 FEB -2 (1)
 2:25
 98 FEB -2 PM 12:40
 SECRETARY
 TALLAHASSEE
 DIVISION OF CORPORATIONS

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, 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 (State or country under the law of which it is incorporated) 3. 95-4662473 (FEI number, if applicable)

4. September 8, 1997 (Date of Incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

7. 6464 Canoga Ave., ATTN: Legal Dept. Woodland Hills, CA 91367-2407 (Current mailing address)

8. Operation of MRI Centers (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: The Prentice-Hall Corporation System, Inc.

Office Address: 1201 Harp St. Tallahassee, Florida, 32301 (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.

[Signature] (Registered agent's signature) Karen B. Rozar, As Its Agent

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.

FILED 90 FEB -2 PM 2:35 TALLAHASSEE FLORIDA SECRETARY OF STATE

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Monty Fu

Address: 6464 Canoga Ave.

Woodland Hills, CA 91367

Director: Robert G. Funari

Address: 6464 Canoga Ave.

Woodland Hills, CA 91367

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Robert G. Funari

Address: 6464 Canoga Ave.

Woodland Hills, CA 91367

Asst. Secretary Vice President: Nanci K. Carr

Address: 6464 Canoga Ave.

Woodland Hills, CA 91367

Secretary: Haig S. Bagerdjian

Address: 6464 Canoga Ave.

Woodland Hills, CA 91367

Treasurer: Michael E. Mikity

Address: 6464 Canoga Ave.

Woodland Hills, CA 91367

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)

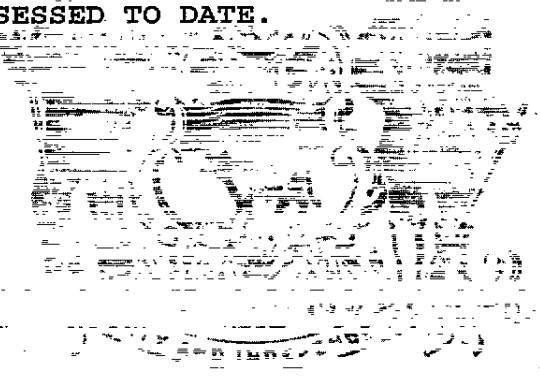
14. Nanci K. Carr (Typed or printed name and capacity of person signing application)

FILED
99 FEB -2 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPREHENSIVE MEDICAL IMAGING, 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 THIRTIETH DAY OF JANUARY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



RECEIVED
TALLAHASSEE
98 FEB -2 PM 2:25
FILED



Edward J. Freel

Edward J. Freel, Secretary of State

2793750 8300

981038980

AUTHENTICATION: 8894980

DATE: 01-30-98