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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000000595

1. Corporation Name COMPREHENSIVE MEDICAL IMAGING, INC.

Principal Place of Business 6464 CANOGA AVE. WOODLAND HILLS CA 91367-2407

Mailing Address 6464 CANOGA AVE WOODLAND HILLS CA 91367-2407

2. Principal Place of Business 21 3396 Willow Lane Suite, Apt #, etc

2a. Mailing Address 26 3396 Willow Lane Suite, Apt #, etc

22 Suite 200 City & State

27 Suite 200 City & State

23 Westlake Village, CA Zip Country

28 Westlake Village, CA Zip Country

24 91361 25 Ventura 29 91361 30 Ventura 9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301

81 Name NRAI SERVICES, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 526 E. Park Avenue 83 84 City Tallahassee FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [Signature] Vice President

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include FUNARI, ROBERT G; CARR, Nanci K; BAGERDJIAN, HAIG S; MIKITY, MICHAEL E; FU, MONTY.

Table with 13 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Wayne K. Baldwin; Rochelle J. Martel; David L. Ward.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Wayne K. Baldwin 4-27-99 805-557-1300