

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90014 023 ***150.00

DOCUMENT # F98000000595

1. Entity Name
COMPREHENSIVE MEDICAL IMAGING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3396 WILLOW LANE SUITE 200 WESTLAKE VILLAGE CA 91361	Mailing Address 3396 WILLOW LANE SUITE 200 WESTLAKE VILLAGE CA 91361-4960
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 95-4662473	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUNARI, ROBERT G 6464 CANOGA AVE. WOODLAND HILLS CA 91367-2407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALDWIN, WAYNE K 3396 WILLOW LANE # 200 WESTLAKE VILLAGE CA 91361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGERDJIAN, HAIG S 6464 CANOGA AVE. WOODLAND HILLS CA 91367-2407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTEL, ROCHELLE J 3396 WILLOW LANE #200 WESTLAKE VILLAGE CA 91361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FU, MONTY 6464 CANOGA AVE. WOODLAND HILLS CA 91367-2407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, DAVID L 3396 WILLOW LANE # 200 WESTLAKE VILLAGE CA 91361

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition # 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition # 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition # 200

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne K. Baldwin 2/15/2000 805-557-1300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)