

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90029 021 ***150.00

9/27/05

DOCUMENT # F98000000595

1. Entity Name
COMPREHENSIVE MEDICAL IMAGING, INC.



Principal Place of Business Mailing Address

~~6464 CENAOGA AVE.~~ ~~6464 CENAOGA AVE.~~
~~WOODLAND HILLS, CA 91367~~ ~~WOODLAND HILLS, CA 91367~~
~~26250 ENTERPRISE COURT, SUITE 100~~ ~~26250 ENTERPRISE COURT, STE 100~~
~~LAKE FOREST, CA 92630-8405~~ ~~LAKE FOREST, CA 92630-8405~~

50063980



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

08252005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

95-4662473 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILELR, RICHARD J 7000 CARDINAL PLACE DUBLIN, OH 43017 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NELSON, MICHAEL R 7000 CARDINAL PLACE DUBLIN, OH 43017 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TROUP, GORDON A 7000 CARDINAL PLACE DUBLIN, OH 43017 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRANDIN, DONNA 7000 CARDINAL PLACE DUBLIN, OH 43017 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, PAUL S 7000 CARDINAL PLACE DUBLIN, OH 43017 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MICHAEL CANNIZZARO 26250 ENTERPRISE COURT, SUITE 100 LAKE FOREST, CA 92630-8405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRET W. JORGENSEN 26250 ENTERPRISE COURT, SUITE 100 LAKE FOREST, CA 92630-8405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VP. / SECRETARY MARILYN U. MAENIVEN-YOUNG 26250 ENTERPRISE COURT, SUITE 100 LAKE FOREST, CA 92630-8405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KENTE TUMOLSKY 26250 ENTERPRISE COURT, SUITE 100 LAKE FOREST, CA 92630-8405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VP - CFO MITCH HILL 26250 ENTERPRISE COURT, SUITE 100 LAKE FOREST, CA 92630-8405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  **BRIAN C. DRABZA SVP/CAO** 8-25-05 949-282-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #