

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90109 024 ***150.00



DOCUMENT # F98000000595
1. Entity Name
COMPREHENSIVE MEDICAL IMAGING, INC.

Principal Place of Business
**6464 CANAOGA AVENUE
WOODLAND HILLS CA 91367**

Mailing Address
**6464 CANAOGA AVENUE
WOODLAND HILLS CA 91367**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

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

4. FEI Number **95-4662473**
Applied For
Not Applicable

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FUNARI, ROBERT G	
STREET ADDRESS	6464 CANOGA AVE.	
CITY-ST-ZIP	WOODLAND HILLS CA 91367-2407	
TITLE	S	<input type="checkbox"/> Delete
NAME	DELEVIE, MARK N	
STREET ADDRESS	6464 CANAOGA AVENUE	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	
TITLE	P	<input type="checkbox"/> Delete
NAME	WARD, DAVID	
STREET ADDRESS	6464 CANAOGA AVENUE	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MARTEL, ROCHELLE J	
STREET ADDRESS	6464 CANOGA AVENUE	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	
TITLE	CEOD	<input checked="" type="checkbox"/> Delete
NAME	FU, MONTY	
STREET ADDRESS	6464 CANOGA AVE.	
CITY-ST-ZIP	WOODLAND HILLS CA 91367-2407	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURGOS, ED	
STREET ADDRESS	6464 CANAOGA AVENUE	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Asst. Secretary & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Forster	
STREET ADDRESS	6464 Canoga Avenue	
CITY-ST-ZIP	Woodland Hills, CA 91367	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Mark N. Delevie* **Mark N. Delevie** **1/30/03** **(818) 737-4671**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)