

# F98000002037

## FILING COVER SHEET

REFERENCE: 0173.2134  
DATE: 4-9-98  
CONTACT: CINDY HICKS  
FROM: CORPORATE & CRIMINAL RESEARCH SERVICES  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301  
TELEPHONE: 222-1173  
SUBJECT: IMI of Pine Island,  
Inc.

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DIVISION OF CORPORATIONS  
98 APR -9 PM 11:46

STATE FEES PREPAID WITH CHECK # 9289 FOR \$ 70.00

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-04/09/98--01056--018  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

### PLEASE FILE:

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|---|--|--|
| <input type="checkbox"/> ARTICLES OF INC.         | <input type="checkbox"/> AMENDMENT           | <input type="checkbox"/> DISSOLUTION   |
| <input type="checkbox"/> ANNUAL REPORT            | <input type="checkbox"/> MERGER              | <input type="checkbox"/> WITHDRAWAL    |
| <input checked="" type="checkbox"/> QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> ANNUAL REPORT |
| <input type="checkbox"/> FICTITIOUS NAME          | <input type="checkbox"/> LIMITED LIABILITY   | <input type="checkbox"/> REINSTATEMENT |
| <input type="checkbox"/> TRADEMARK/SERVICE        | <input type="checkbox"/> UCC-1               | <input type="checkbox"/> UCC-3         |

### PROVIDE US WITH:

- |   |  |  |
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| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF STATUS | <input checked="" type="checkbox"/> STAMPED COPY |
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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. IMI of Pine Island, 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. N/A  
(FEI number, if applicable)

4. February 17, 1998  
(Date of Incorporation)

5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")

6. April 2, 1998  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 8051 West Sunrise Blvd.  
Plantation, FL 33322  
(Current mailing address)

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8. Medical imaging.  
(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: NRAT Services, Inc.

Office Address: 526 E Park Avenue

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.*

  
(Registered agent's signature)

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.

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) - SEE ATTACHED.

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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. \_\_\_\_\_ Edwin A. Burgos, Assistant Secretary

(Typed or printed name and capacity of person signing application)

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Directors

Monty Fu	6464 Canoga Avenue Woodland Hills, CA 91367
Robert Funari	6464 Canoga Avenue Woodland Hills, CA 91367
Haig Bagerdjian	6464 Canoga Avenue Woodland Hills, CA 91367

Officers

Monty Fu Chairman of the Board	6464 Canoga Avenue Woodland Hills, CA 91367
Robert G. Funari President and Chief Executive Officer	6464 Canoga Avenue Woodland Hills, CA 91367
Peter C. van der Wal Vice President, IMI Operations	6931 Arlington #302 Bethesda, MD 20814
David Haws Chief Financial Officer	3396 Willow Lane, Suite 201 Westlake Village, CA 91361
Wayne Baldwin Secretary	3396 Willow Lane, Suite 201 Westlake Village, CA 91361
Nanci K. Carr Assistant Secretary	6464 Canoga Avenue Woodland Hills, CA 91367
Edwin Burgos Assistant Secretary	6464 Canoga Avenue Woodland Hills, CA 91367

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State of Delaware  
Office of the Secretary of State

PAGE 1

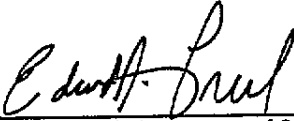
I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMI OF PINE ISLAND, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMI OF PINE ISLAND, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF FEBRUARY, A.D. 1998.

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

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Edward J. Freel, Secretary of State

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AUTHENTICATION:

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DATE:

04-03-98