# F98000002038

	904/9			
REFERENCE:	0/73. 2/33 8 5g			
DATE:	4-9-98 AP SEE			
CONTACT:	CINDY HICKS			
FROM:	CORPORATE & CRIMINAL RESEARCH SERVICES			
	103 N. MERIDIAN STREET			
	TALLAHASSEE, FL 32301			
TELEPHONE:	222-1173			
SUBJECT:	IMI Diagnostic Center, Inc			
STATE FEES PREPAID WITH CHECK # 988 FOR \$ 70.00				
PLEASE FILE:				
( ) ARTICLES OF INC.	( ) AMENDMENT ( ) DISSOLUTION			
(/) ANNUAL REPORT	() MERGER () WITHDRAWAL			
QUALIFICATION	( ) LIMITED PARTNERSHIP ( ) ANNUAL REPORT			
( ) FICTITIOUS NAME	( ) LIMITED LIABILITY ( ) REINSTATEMENT			
( ) TRADEMARK/SERVICE	() UCC-1 () UCC-3			
PROVIDE US WITH:	1/			
( ) CERTIFIED COPY	( ) CERTIFICATE OF STATUS STAMPED COPY			

### 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:

Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: NRAI Services, Inc.  Name and street adgent'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 cart in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dates, and I am jamiliar with	l IMI Diagnostic Center, Inc.	<u> </u>		
(State or country under the law of which it is incorporated)  4. February 17, 1998	(Name of corporation: must include the word "INCORPOR abbreviations of like import in language as will clearly indic person or partnership if not so contained in the name at pre-	RATED", "COMPANY", "CORPORATION" or words or cate that it is a corporation instead of a natural sent.)	-	
4. February 17, 1998 (Date of Incorporation) (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. 8211 West Broward Blvd., Suite 210  Plantation, FL 3342 (Current mailing address)  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: NRAI Services. Inc.  Office Address: 526 E. Park Avenue  Tallahasee  Tallahasee  Tallahasee, 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 revisions of		3 N/A		
Date of Incorporation)  (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. 8211 West Broward Blvd., Suite 210  Plantation, FL 3342  (Current mailing address)  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: NRAI Services, Inc.  Office Address: 526 E. Park Avenue  Tallahasee , 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 cart in this capacity. I further agree to comply with the provisions of	<del> </del>			
Date of Incorporation)  (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. 8211 West Broward Blvd., Suite 210  Plantation, FL 3342  (Current mailing address)  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: NRAI Services, Inc.  Office Address: 526 E. Park Avenue  Tallahasee , 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 cart in this capacity. I further agree to comply with the provisions of	4 February 17, 1998	5		
78211 West_Broward Blvd., Suite 210  Plantation, FL 3342  (Current mailing address)  8Medical 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:NRAI_Services. Inc.  Office Address:526 E. Park Avenue		(Duration: Year corp. will cease to exist or "perpetual")	-	
78211 West_Broward Blvd., Suite 210  Plantation, FL 3342  (Current mailing address)  8Medical 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:NRAI_Services. Inc.  Office Address:526 E. Park Avenue	6. <u>April 2, 1998</u>		_	
Plantation, FL 3342  (Current mailing address)  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: NRAL Services. Inc.  Office Address: 526 E. Park Avenue  Tallahasee , 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 the acceptance	(Date in st transacted business in Florida, (SEE SECTIONS	8 607.1501, 607.1502, AND 817.155, F.S.)	-	
Plantation, FL 3342  (Current mailing address)  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: NRAL Services. Inc.  Office Address: 526 E. Park Avenue  Tallahasee , 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 the acceptance	7. <u>8211 West Broward Blvd., Suite 210</u>			
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: NRAI Services. Inc.  Office Address: 526 E. Park Avenue  Tallahasee , Florida , 32301 (Zip Code)  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 garee to comply with the provisions of		7	SSS	
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: NRAI Services, Inc.  Office Address: 526 E. Park Avenue  Tallahasee , 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				
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: NRAL Services, Inc.  Office Address: 526 E. Park Avenue	(Current mailin	g address)		
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: NRAL Services, Inc.  Office Address: 526 E. Park Avenue	8		ار 190	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: NRAI Services, Inc.  Office Address: 526 E. Park Avenue	(Purpose(s) of corporation authorized in home state or country Florida)			
Office Address:	9. Name and street address of Florida registered acceptable)	ċ	ic	
Tallahasee , Florida, 32301  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	MIMI DELVICES, Inc.	· ·		
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 canacity. I further agree to comply with the provisions of	Office Address: <u>526 E. Park Avenue</u>	<del></del>		
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 canacity. I further agree to comply with the provisions of	<u> Tallahasee</u>	, Florida ,		
registered agent and agree to act in this application, I hereby accept the appointment as	10. Registered agent's acceptance:	(Zip Code)		
and accept the obligations of my position as registered agent.  (Registered agent's signature)	registered agent and agree to act in this application registered agent and agree to act in this capacity. It all statutes relative to the proper and complete performand accept the obligations of my position as registered.	on, I hereby accept the appointment as further agree to comply with the provisions of rmance of my duties, and I am familiar with ed agent.		

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.

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

#### **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

## State of Delaware

# Office of the Secretary of State

PAGE 3

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMI DIAGNOSTIC CENTER, 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 DIAGNOSTIC CENTER, 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

OIVISION OF CORPORATIONS

98 APR -9 PM 1: 51.

47.1907

Edward J. Freel, Secretary of State

DATE:

AUTHENTICATION:

9010342

04-03-98

2860168 8300

981128776