

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002038

1. Entity Name

IMI DIAGNOSTIC CENTER, INC.

Principal Place of Business

Mailing Address

3396 WILLOW LANE
SUITE 200
WESTLAKE VILLAGE CA 91361

3396 WILLOW LANE
SUITE 200
WESTLAKE VILLAGE CA 91361-4960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Westlake Village, CA 91361

City & State

Westlake Village, CA 91361

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	FU, MONTY	
STREET ADDRESS	6464 CANOGA AVE.	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUNARI, ROBERT	
STREET ADDRESS	6464 CANOGA AVE.	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAGERDIAN, HAIG	
STREET ADDRESS	6464 CANOGA AVE.	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	
TITLE	P	<input type="checkbox"/> Delete
NAME	WARD, DAVID L	
STREET ADDRESS	3396 WILLOW LANE, #200	
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91361	
TITLE	TV	<input type="checkbox"/> Delete
NAME	MARTEL, ROCHELLE J	
STREET ADDRESS	3396 WILLOW LANE, #200	
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91361	
TITLE	S	<input type="checkbox"/> Delete
NAME	BALDWIN, WAYNE	
STREET ADDRESS	3396 WILLOW LANE, #200	
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91361	

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		
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	#200	
CITY-ST-ZIP	CA	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	#200	
CITY-ST-ZIP	CA	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	#200	
CITY-ST-ZIP	CA	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne K. Baldwin 2/15/2000

Date

805-557-1300

Daytime Phone #

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

02-25-2000 90014 029 ***150.00

00025172



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)