

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**  
 04-02-2001 90315 014 \*\*\*150.00

0591569

**DOCUMENT # F98000002038**

1. Entity Name

**IMI DIAGNOSTIC CENTER, INC.**

Principal Place of Business

Mailing Address

**3396 WILLOW LANE  
 SUITE 200  
 WESTLAKE VILLAGE FL 91361**

**3396 WILLOW LANE  
 SUITE 200  
 WESTLAKE VILLAGE FL 91361**

**00039587**

2. Principal Place of Business

3. Mailing Address

**6464 CANOGA AVENUE  
 Suite, Apt. #, etc.**

**6464 CANOGA AVENUE  
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

City & State

**WOODLAND HILLS CA**

**WOODLAND HILLS CA**

Zip

Country

Zip

Country

**91367**

**91367**

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DC FU, MONTY 6464 CANOGA AVE. WOODLAND HILLS CA 91367	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUNARI, ROBERT 6464 CANOGA AVE. WOODLAND HILLS CA 91367	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGERDJIAN, HAIG 6464 CANOGA AVE. WOODLAND HILLS CA 91367	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, DAVID L 3396 WILLOW LANE #200 WESTLAKE VILLAGE FL 91361	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV MARTEL, ROCHELLE J 3396 WILLOW LANE #200 WESTLAKE VILLAGE FL 91361	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALDWIN, WAYNE 3396 WILLOW LANE #200 WESTLAKE VILLAGE FL 91361	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Mark N. Delevie 6464 Canoga Avenue Woodland Hills, CA 91367	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S John S. Baumann 6464 Canoga Avenue WOODLAND HILLS CA 91367	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

**John S. Baumann**

**3-15-01**

Date

**987374492**

Daytime Phone #

CR2E034 (10/00)