2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33638

TME DIAGNOSTIC, 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

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

02-25-2000 90014 031 ***150.00

 0.07 ± 0.9000



Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE					
City & State			City & State			4 . F	4. FEI Number 76-0236213					lied For Applicable
Zip Country			Zip	Country		5. (Certificate of S	status Desired			75 Addit	
		7. Name and Address of New Registered Agent										
		and Address of Current Re	<u></u>		Name							
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301					Street Address (P.O. Box Number is Not Acceptable)							
IALL	AUNOOEE	PL 32301			City				F	L Z	ip Code	
8 The above	named entit	ty submits this statement for the	ne purpose of changing its	register	ed office of re	egistered ag	ent, or both, in	the State of Flo	rida.			
0. 1110 abovo	TIGITIOG OTKI	ty oddinio and ototomork to: ti	to perpede or an anging he	, cg,c.c.		9						
0.010.7.405												ĺ
SIGNATURE .	Signature, typed	d or printed name of registered agent and	title if applicable. (NOTE	: Registere	ed Agent signature	required when re	instating)		DATE			
Tax filing r	_	gible to satisfy its intangible and elects to do so.	After MAY 1, 200	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550 Make Check Payable to Department of				n Campaign Fir und Contributio	_		\$5.00 Added t	May Be to Fees
11.	- .	OFFICERS AND DI	RECTORS	12.	· · · · · · · · · · · · · · · · · · ·	AD	DITIONS/CH	ANGES TO OFF	ICERS AN	1D DIRE	CTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ De'ete								Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUNARI, ROBERT G 6464 CANOGA AVENUE WOODLAND HILLS CA 91367		☐ Delete		,						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGERD 6464 CAI	JIAN, HAIG S NOGA AVENUE IND HILLS CA 91367	☐ Delete						_		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WARD, D 3396 WIL		☐ Delete		·						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MARTEL, 3396 WIL	ROCHELLE J LOW LANE, #200 KE VILLAGE CA 91361	☐ Delete								Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Baldwin 3396 Wil Westlai	I, WAYNE K LOW LANE, #200 KE VILLAGE CA 91361	Delete	CITY	te Eet address '-st-zip	d in Section	119.07/3\/ii\	Florida Statutes	I further o			Addition

Thereby certify that the miorination supplied with this inling 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