

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90081 002 \*\*\*150.00

0591574

**DOCUMENT # P33638**

1. Entity Name

**TME DIAGNOSTIC, INC.**

Principal Place of Business

3396 WILLOW LANE  
SUITE 200  
WESTLAKE VILLAGE CA 91361

Mailing Address

3396 WILLOW LANE  
SUITE 200  
WESTLAKE VILLAGE CA 91361

A0033343

2. Principal Place of Business

6464 Canoga Avenue  
Suite, Apt. #, etc.

3. Mailing Address

6464 Canoga Avenue  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WOODLAND HILLS CA

City & State

WOODLAND HILLS CA

4. FEI Number 76-0236213

Applied For

Not Applicable

Zip

91367

Country

Zip

91367

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE COB  
NAME FU, MONTY  
STREET ADDRESS 6464 CANOGA AVENUE  
CITY-ST-ZIP WOODLAND HILLS CA 91367 ☐ Delete

TITLE D  
NAME FUNARI, ROBERT G  
STREET ADDRESS 6464 CANOGA AVENUE  
CITY-ST-ZIP WOODLAND HILLS CA 91367 ☐ Delete

TITLE D  
NAME BAGERDJIAN, HAIG S  
STREET ADDRESS 6464 CANOGA AVENUE  
CITY-ST-ZIP WOODLAND HILLS CA 91367 ☐ Delete

TITLE CEO  
NAME WARD, DAVID L  
STREET ADDRESS 3396 WILLOW LANE, #200  
CITY-ST-ZIP WESTLAKE VILLAGE CA 91361 ☐ Delete

TITLE CFO  
NAME MARTEL, ROCHELLE J  
STREET ADDRESS 3396 WILLOW LANE, #200  
CITY-ST-ZIP WESTLAKE VILLAGE CA 91361 ☐ Delete

TITLE S  
NAME BALDWIN, WAYNE K  
STREET ADDRESS 3396 WILLOW LANE, #200  
CITY-ST-ZIP WESTLAKE VILLAGE CA 91361 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Assistant Secretary  
NAME Mark N. Delevie  
STREET ADDRESS 6464 Canoga Avenue  
CITY-ST-ZIP Woodland Hills, CA 91367 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME John S. Baumann  
STREET ADDRESS 6464 Canoga Avenue  
CITY-ST-ZIP WOODLAND HILLS CA 91367 ☐ Change ☒ Addition

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

John S. Baumann 3-15-01

Date

Daytime Phone #

808-737-4492

CR2E034 (10/00)