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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000002808 (4)**

1. Corporation Name

MEDIQ MOBILE X-RAY SERVICES, INC.



Principal Place of Business

**90 GLACIER DRIVE
WESTWOOD MA 02090**

Mailing Address

**90 GLACIER DRIVE
WESTWOOD MA 02090**

3. Date Incorporated or Qualified

06/17/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or officer or director

TITLE: Registered Agent (separate report when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **P SMITH, LAURENCE M**
STREET ADDRESS **90 GLACIER DRIVE**
CITY-STATE-ZIP **WESTWOOD MA 02090**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **V LEVINSON, KENNETH**
STREET ADDRESS **ONE MEDIQ PLAZA**
CITY-STATE-ZIP **PENNSAUKEN NJ**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **S SCHLOSS, EUGENE M JR.**
STREET ADDRESS **ONE MEDIQ PLAZA**
CITY-STATE-ZIP **PENNSAUKEN NJ 08110**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **T LAWLOR, MARK**
STREET ADDRESS **ONE MEDIQ PLAZA**
CITY-STATE-ZIP **PENNSAUKEN NJ 08110**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME **D SANDLER, MICHAEL F**
STREET ADDRESS **ONE MEDIQ PLAZA**
CITY-STATE-ZIP **PENNSAUKEN NJ**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **ASD EINHORN, ALAN S**
STREET ADDRESS **ONE MEDIQ PLAZA**
CITY-STATE-ZIP **PENNSAUKEN NJ 08110**

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael F. Sandler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL F. SANDLER

4/24/96 (609) 665-9300
DATE OF FILING

CR2E034 (12/95)

5/1/96