

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000002808 (4)

1. Corporation Name  
MEDIQ MOBILE X-RAY SERVICES, INC.



Principal Place of Business  
80 GLACIER DRIVE  
WESTWOOD MA 02090

Mailing Address  
80 GLACIER DRIVE  
WESTWOOD MA 02090-1818

3. Date Incorporated or Qualified  
06/17/1993

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 23-6764081	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	SMITH, LAURENCE M	1.2 NAME	Kenneth Levinson
STREET ADDRESS	90 GLACIER DRIVE	1.3 STREET ADDRESS	90 Glacier Drive
CITY- ST- ZIP	WESTWOOD MA 02090	1.4 CITY- ST- ZIP	Westwood, Mass 02090
TITLE	V	2.1 TITLE	William Glynn
NAME	LEVINSON, KENNETH	2.2 NAME	
STREET ADDRESS	ONE MEDIQ PLAZA	2.3 STREET ADDRESS	
CITY- ST- ZIP	PENNSAUKEN NJ	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	
NAME	SCHLOSS, EUGENE M JR.	3.2 NAME	
STREET ADDRESS	ONE MEDIQ PLAZA	3.3 STREET ADDRESS	
CITY- ST- ZIP	PENNSAUKEN NJ 08110	3.4 CITY- ST- ZIP	
TITLE	T	4.1 TITLE	
NAME	LAWLOR, MARK	4.2 NAME	
STREET ADDRESS	ONE MEDIQ PLAZA	4.3 STREET ADDRESS	
CITY- ST- ZIP	PENNSAUKEN NJ 08110	4.4 CITY- ST- ZIP	
TITLE	CFOD	5.1 TITLE	
NAME	SANDLER, MICHAEL F	5.2 NAME	
STREET ADDRESS	ONE MEDIQ PLAZA	5.3 STREET ADDRESS	
CITY- ST- ZIP	PENNSAUKEN NJ	5.4 CITY- ST- ZIP	
TITLE	ASD	6.1 TITLE	
NAME	EINHORN, ALAN S	6.2 NAME	
STREET ADDRESS	ONE MEDIQ PLAZA	6.3 STREET ADDRESS	
CITY- ST- ZIP	PENNSAUKEN NJ 08110	6.4 CITY- ST- ZIP	

14. I do 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 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

4/11/97  
Date

609-2665-9300  
Daytime Phone #

0000028

CR2E034 (9/96)