

F96000000403

Document Only

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

000001696870

-01/24/96--01051--028

*****70.00 *****70.00

CORPORATION(S) NAME

NMC Diagnostic Services, Inc.

☒ Profit

☐ NonProfit

☒ Limited Liability

☒ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Call if Problem

☐ Merger

☐ Mark

☐ Other

☐ Change of R.A.

☐ Fic. Name

☐ CUS

☐ After 4:30

☒ Pick Up

☐ Limited Partnership

☐ Reinstatement

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

3:00

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DIVISION OF CORPORATIONS

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. NMC Diagnostic Services, Inc.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware

(State or country under the law of which it is incorporated)

3. 04-3212215

(FEI number, if applicable)

4. November 24, 1993

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.156, F.S.))

7. c/o National Medical Care, 1601 Trapelo Rd., Waltham, Massachusetts

02154

(Current mailing address)

8. To provide medical diagnostic services and supplies.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine
Island Road

Plantation, Florida, 33324

(Zip Code)

10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System



(Registered agent's signature) (Officer)

EDWARD GWISDALLA

Assistant Vice President

(Type Name and Title of Officer)

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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached list of directors

Address: _____

Vice Chairman: See attached list of directors

Address: _____

Director: See attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) *Carol E. Bowen*

14. Carol E. Bowen, Assistant Secretary

(Typed or printed name and capacity of person signing application)

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Officers and Directors

NMC Diagnostic Services, Inc.

Directors

DIRECTOR

Name

CONSTANTINE HAMPERS M.D.

ERNESTINE M. LOWRIE

EDMUND G. LOWRIE MD

Officers

PRESIDENT

Name

GEOFFREY SWETT

VICE PRESIDENT

CONSTANTINE HAMPERS M.D.

TREASURER

A. NILES NOGEO

SECRETARY

DAVID A. KEMBEL

ASSISTANT SECRETARY

CAROL E. BOWEN

Address(es) for CAROL E. BOWEN

BUSINESS

RESERVOIR PLACE

1601 TRAPELO ROAD

WALTHAM, MA 02154

Address(es) for CONSTANTINE HAMPERS M.D.

BUSINESS

RESERVOIR PLACE

1601 TRAPELO ROAD

WALTHAM, MA 02154

Address(es) for DAVID A. KEMBEL

BUSINESS

RESERVOIR PLACE

1601 TRAPELO ROAD

WALTHAM, MA 02154

Address(es) for ERNESTINE M. LOWRIE

BUSINESS

RESERVOIR PLACE

1601 TRAPELO ROAD

WALTHAM, MA 02154

Address(es) for EDMUND G. LOWRIE MD

BUSINESS

RESERVOIR PLACE

1601 TRAPELO ROAD

WALTHAM, MA 02154

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SECRETARY OF STATE
RECORDS SECTION

Officers and Directors

Address(es) for A. MILES NOGEO

BUSINESS
RESERVOIR PLACE
1601 TRAPELO ROAD
WALTHAM, MA 02154

Address(es) for GEOFFREY SWETT

BUSINESS
RESERVOIR PLACE
1601 TRAPELO ROAD
WALTHAM, MA 02154

96 JAN 24 PM 12:57
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DIVISION OF CORPORATIONS

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NMC DIAGNOSTIC SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JANUARY, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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FILED
SECRETARY OF STATE
DELAWARE



Edward J. Freel

Edward J. Freel, Secretary of State

2361040 8300

960019525

AUTHENTICATION:

7798691

DATE:

01-22-96