


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		00 JUL -6 AM 8:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F96000000403					
1. Corporation Name NMC Diagnostic Services, Inc.					
Principal Place of Business 95 Hayden Avenue Lexington, MA 02420			Mailing Address 95 Hayden Avenue Lexington, MA 02420		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 1/24/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 04-3212215	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip		
Director	Ben J. Lipps	95 Hayden Avenue	Lexington, MA 02420		
President	Ben J. Lipps	95 Hayden Avenue	Lexington, MA 02420		
Asst Tr	Marc Lieberman	95 Hayden Avenue	Lexington, MA 02420		
Asst Tr	James Luther	95 Hayden Avenue	Lexington, MA 02420		
Secretary	David Kembel	95 Hayden Avenue	Lexington, MA 02420		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
C T Corporation System 1200 South Pine Island Road Plantation, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc. 100003350381		
			City		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent <i>Lauren Kreatz</i>		LAUREN H. KREATZ,		Date 7/6/00	
REGISTERED AGENT ASSISTANT SECRETARY					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <i>Marc Lieberman</i>		MARC LIEBERMAN		Date 7-12-01	
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 781-402-9000	