2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# F96000000403

Entity Name: NMC DIAGNOSTIC SERVICES, INC.

Current Principal Place of Business:

95 HAYDEN AVENUE
LEXINGTON, MA 32420 US

New Principal Place of Business:

Current Mailing Address:

95 HAYDEN AVENUE
LEXINGTON, MA 32420 US

New Mailing Address:

9ATTN: TAX DEPT., 5 HAYDEN AVENUE
LEXINGTON, MA 32420 US

FEI Number: 04-3212215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LIPPS, BEN J
Address: 95 HAYDEN AVENUE
City-St-Zip: LEXINGTON, MA 32420 US

Title: S ( ) Delete
Name: KEMBEL, DAVID
Address: 95 HAYDEN AVENUE
City-St-Zip: LEXINGTON, MA 32420 US

Title: T ( ) Delete
Name: LIEBERMAN, MARC
Address: 95 HAYDEN AVENUE
City-St-Zip: LEXINGTON, MA 32420 US

Title: AT ( ) Delete
Name: LUTHER, JAMES
Address: 95 HAYDEN AVENUE
City-St-Zip: LEXINGTON, MA 32420 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change ( ) Addition
Name: LIEBERMAN, MARC
Address: 95 HAYDEN AVENUE
City-St-Zip: LEXINGTON, MA 32420 US

Title: AT (X) Change ( ) Addition
Name: COLANTONIO, PAUL
Address: 95 HAYDEN AVENUE
City-St-Zip: LEXINGTON, MA 32420 US

Title: T ( ) Change (X) Addition
Name: FAWCETT, MARK
Address: 95 HAYDEN AVENUE
City-St-Zip: LEXINGTON, MA 02420

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL COLANTONIO AT 05/01/2003

Electronic Signature of Signing Officer or Director — Date