

Document Number Only
F960000000779

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

900001716609

-02/16/96--01009--020

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

NMC Medical Services, Inc.

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☒ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Fic. Name

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

2-15

PLEASE RETURN EXTRA COPIES
FILE STAMPED

2-15 Attn: Lee Rivers

Please back date to

1-25-96

Thanks - Tamara



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RECEIVED
96 FEB 15 AM 11:58
DIVISION OF CORPORATION

January 25, 1996

CT CORPORATION SYSTEM

SUBJECT: PARK IMAGING, INC.
Ref. Number: W96000001920

Nmc Medical Services, Inc.

W96-3510

We have received your document for PARK IMAGING, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 196A00003312

2-15

Lee -

We've decided to use
NMC Medical Services, Inc.
instead of Park Imaging,
Inc.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Please back date to 1-25-96
Thanks - Tamara



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 15, 1996

CT CORPORATION SYSTEM

SUBJECT: NMC MEDICAL SERVICES, INC.
Ref. Number: W96000003510

We have received your document for NMC MEDICAL SERVICES, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Although you submitted a \$70 payment on January 25, 1996, a refund application was prepared and submitted at the request of Melanie, on February 8, 1996.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 096A00006696

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96 FEB 15 PM 3:28
DIVISION OF CORPORATIONS

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

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

1. NHC Medical 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. Pennsylvania

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

3. 25-1590355

(FEI number, if applicable)

4. November 8, 1988

(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 617.158, F.S.))

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

02154

(Current mailing address)

8. 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

Connie Bryan
(Registered agent's signature) (Officer)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

(Type Name and Title of Officer)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 25 PM 3:44

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: _____

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)

14. _____

Carol E. Bowen, Assistant Secretary

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

Officers and Directors

NMC Medical Services, Inc.

Directors
DIRECTOR

Name
CONSTANTINE HAMBERS M.D.
ERNESTINE M. LOWRIE
EDMUND G. LOWRIE MD

Officers
PRESIDENT
VICE PRESIDENT
TREASURER
SECRETARY
ASSISTANT SECRETARY

Name
GEOFFREY SWETT
CONSTANTINE HAMBERS M.D.
A. NILES MOGULO
DAVID A. KEMBEL
CAROL E. BOWEN

Address(es) for CAROL E. BOWEN

BUSINESS
RESERVOIR PLACE
1601 TRAPELO ROAD
WALTHAM, MA 02154

Address(es) for CONSTANTINE HAMBERS 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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DIVISION OF CORPORATIONS
96 JAN 25 PM 3:44

Officers and Directors

Address(es) for A. MILES NOBLE

BUSINESS
RESERVOIR PLACE
1601 TRAPELO ROAD
WALTHAM, MA 02154

Address(es) for GEOFFREY SWETT

BUSINESS
RESERVOIR PLACE
1601 TRAPELO ROAD
WALTHAM, MA 02154



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

FEBRUARY 07, 1996

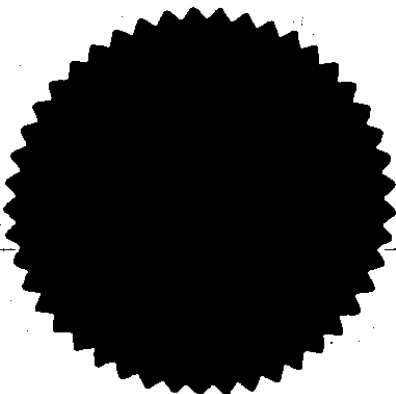
TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

NMC MEDICAL SERVICES, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania
and remains a subsisting corporation so far as the records of this office
show, as of the date herein.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 25 PM 3:44



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's
Office to be affixed, the day
and year above written.

Secretary of the Commonwealth

DPOS