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FILED
May 15 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 # F96000000779 (6)

1. Corporation Name
NMC MEDICAL SERVICES, INC.



Principal Place of Business
C/O NATIONAL MEDICAL CARE
1801 TRAPELO ROAD
WALTHAM MA 02154

Mailing Address
C/O NATIONAL MEDICAL CARE
1801 TRAPELO ROAD
WALTHAM MA 02154-2333

2. Principal Place of Business
21 95 Hayden Ave;
Suite, Apt. #, etc.
22
City & State
23 Lexington, MA
Zip Country
24 02173 25

2a. Mailing Address
26 95 Hayden Ave;
Suite, Apt. #, etc.
27
City & State
28 Lexington, MA
Zip Country
29 02173 30

3. Date Incorporated or Qualified
01/25/1996

3a. Date of Last Report

4. FEI Number
25-1590355

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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
Signature, typed or printed name of registered agent and FEI, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BOWEN, CAROL E	
STREET ADDRESS	1801 TRAPELO ROAD	
CITY-ST-ZIP	WALTHAM MA 02154	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SWETT, GEOFFREY	
STREET ADDRESS	1801 TRAPELO ROAD	
CITY-ST-ZIP	WALTHAM MA 02154	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NOGEO, A M	
STREET ADDRESS	1801 TRAPELO ROAD	
CITY-ST-ZIP	WALTHAM MA 02154	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KEMBEL, DAVID A	
STREET ADDRESS	1801 TRAPELO ROAD	
CITY-ST-ZIP	WALTHAM MA 02154	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BOWEN, CAROL E	
STREET ADDRESS	1801 TRAPELO ROAD	
CITY-ST-ZIP	WALTHAM MA 02154	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HAMPERS, CONSTANTINE MD	
STREET ADDRESS	1801 TRAPELO ROAD	
CITY-ST-ZIP	WALTHAM MA 02154	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

SEE ATTACHED

SEE ATTACHED

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: *[Signature]* Max Licammas, SS'T TREASURER 4/12/97 617/402-9000

CR2E034 (9/96)

**NMC DIAGNOSTIC SERVICES, INC.
LIST OF DIRECTORS AND OFFICERS**

EFFECTIVE 01/01/1997

DIRECTORS	OFFICE HELD	SS NUMBER	HOME ADDRESS
GEOFFREY SWETT	DIRECTOR	144-40-8789	11 INDEPENDENCE ROAD PEPPERELL, MA 01468

OFFICERS	OFFICE HELD	SS NUMBER	HOME ADDRESS
GEOFFREY SWETT	PRESIDENT	144-40-8789	11 INDEPENDENCE ROAD PEPPERELL, MA 01468
LEON MARAIST	VICE PRESIDENT	434-60-5886	74 CHARTER ROAD ACTON, MA 01720
PATRICK MORIARTY	VICE PRESIDENT	021-38-2035	10 HENDERSON WAY MEDFIELD, MA 02052
ROBERT W. ARMSTRONG, III	TREASURER	017-36-2353	27 BROOKS STREET WINCHESTER, MA 01890
MARC S. LIEBERMAN	ASSISTANT TREASURER	108-38-6181	10 CROWN POINT ROAD SUDBURY, MA 01776
JAMES V. LUTHER	ASSISTANT TREASURER	010-34-9716	50 SUNNYSIDE AVENUE READING, MA 01867
DAVID A. KEMBEL	ASSISTANT SECRETARY	522-88-5894	151 REED FARM ROAD BOXBOROUGH, MA 01719

**CORPORATE HEADQUARTERS:
TWO LEDGEMONT CENTER
95 HAYDEN AVENUE
LEXINGTON, MA 02173**

TELEPHONE #: (617)402-9000