

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J17602

1. Entity Name

CLINICAL DIAGNOSTIC SYSTEMS, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90160 001 *6,000.00

Principal Place of Business

Mailing Address

95 HAYDEN AVE
LEXINGTON MA 02420
US

95 HAYDEN AVE
LEXINGTON MA 02421-7942
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02420

4. FEI Number

59-2677958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BEN J LIPPS**
STREET ADDRESS **95 HAYDEN AVE**
CITY-ST-ZIP **LEXINGTON MA 02420**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☒ Delete
NAME **PATRICK MORIARTY**
STREET ADDRESS **95 HAYDEN AVE**
CITY-ST-ZIP **LEXINGTON MA 02420**

TITLE **P** ☒ Change ☐ Addition
NAME **BEN J LIPPS**
STREET ADDRESS **95 HAYDEN AVE**
CITY-ST-ZIP **LEXINGTON MA 02420**

TITLE **AT** ☐ Delete
NAME **MARC S LIEBERMAN**
STREET ADDRESS **95 HAYDEN AVE**
CITY-ST-ZIP **LEXINGTON MA 02420**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **AT** ☐ Delete
NAME **JAMES V LUTHER**
STREET ADDRESS **95 HAYDEN AVE**
CITY-ST-ZIP **LEXINGTON MA 02420**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☐ Delete
NAME **DAVID A KEMBEL**
STREET ADDRESS **95 HAYDEN AVE**
CITY-ST-ZIP **LEXINGTON MA 02420**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ACQUIRE **MARC LIEBERMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-01 **(781) 402-9000**

CR2E034 (9/99)

J17602
13060

CLINICAL DIAGNOSTIC SYSTEMS, INC.

LIST OF OFFICERS AND DIRECTORS
EFFECTIVE 01/01/2000

DIRECTORS	OFFICE HELD	RESIDENCE
BEN J. LIPPS	DIRECTOR	67 MARLBOROUGH STREET, UNIT 3 BOSTON, MA 02116
OFFICERS	OFFICE HELD	RESIDENCE
BEN J. LIPPS	PRESIDENT	67 MARLBOROUGH STREET, UNIT 3 BOSTON, MA 02116
MARC S. LIEBERMAN	ASSISTANT TREASURER	10 CROWN POINT ROAD SUDBURY, MA 01776
JAMES V. LUTHER	ASSISTANT TREASURER	50 SUNNYSIDE AVENUE READING, MA 01867
DAVID A. KEMBEL	SECRETARY	151 REED FARM ROAD BOXBOROUGH, MA 01719

CORPORATE HEADQUARTERS:
95 Hayden Avenue
Lexington, MA 02420