l	J	2

## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 6. 6 X FLORIDA DEPARTMENT OF STATE



ANNI	JAL REPORT  1996	L REPORT Secretary of State  DIVISION OF CORPORATIONS						
1. Corporation		60232	(9)					
Principal Place 1601 TRAI WALTHAM		16	Address 01 TRAPELO RD ALTHAM MA 02154		· · · · · · · · · · · ·			
						3. Date Incorporated or Qualified 10/05/1987	3a. Date of Last F 05/01/1	leport 1 <b>995</b>
2. Principal Pl	lace of Business	2a. Ma 26	iling Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number 65-0009002	<b>├</b>	Applied For Not Applicable
Suite, Apt.	#, etc.		te, Apt. #, etc.			5. Certificate of Status Desired	F3 \$8.75	5 Additional
City & State	e		/ & State			Election Campaign Financing     Trust Fund Contribution	F7 \$5.0	Required  May Be
Zip 24	Country	Zip		Country	,	This corporation has liability for Florida Statutes	intangible tax under s	199.032,
	9. Name and Address of		d Agent	1001		10. Name and Address of New I		
07.04	00000151011 0V05511			81	Name			
	DRPORATION SYSTEM SOUTH PINE ISLAND RD			82	Street	Address (P.O. Box Number is Not Acceptal	ole)	
	TATION FL 33324			83				
, 041	17111011 ( E 000E7				<u> </u>			
				84	City		FI 85 Z	p Code
11. Pursuant i or register familiar wi	to the provisions of Sections 60 red agent, or both, in the State ith, and accept the obligations of	7.0502 and 607.15 of Florida, Such cha of Section 607.0505	08, Florida Statutes inge was authorized Florida Statutes	s, the above- d by the corp	named co oration's	poration submits this statement for the puboard of directors. I hereby accept the app	rpose of changing its i pointment as registered	registered office agent. I am
SIGNATURE	ari, and doops are obligations t	00011011 001.0000	, rionos otenotos.					
12.	Signature, typed or printed name of registe				nt signature re	a juired wher reinstating)	DATE	
TITLE	PTD	RS AND DIRECTOR	DELETE	13.	<del></del> -1	ADDITIONS/CHANGES TO OFF	Change	DRS IN 12
NAME	WILLIAMS, ROBERT (	3.	A server	1.2 NAME			C) criange	☐ Addition
STREET ADDRESS	3201 W COMMERCIA	l BLVD.		1.3 STREET	ADDRESS			
CITY - S1 - ZIP	FT. LAUDERDALE FL			1.4 DITY-5	ł	9000017		
TITLE	C		DELETE	2.1 TITLE		<b>8000017</b> 04/25/96010	Change	Addition
NAME	SCHLOSSBERG, JEF		/	2.2 NAME		***5800.00	133012	
STREET ADDRESS	220 MASSAPOAG AV	ENUE		2.3 STREET	ADDRESS	****3000.00		
CITY-ST-ZIP	SHARON MA			2.4 CITY - 5	T-ZIP			
THILE	D DOOT DICHARD		DELETE	3 1 TITLE			☐ Change	Addition
NAME	JOST, RICHARD 3201 WEST COMMER	OCIAL DLD	/ \	3 2 NAME	1	C,		
STREET ADDRESS	FT LAUDERDALE FL	SCIAL BLU		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	FI DAUDERDALE FL		F1 DELETE	3.4 CITY - 9	1-21P	SEE WITHING		
TITLE			☐ DELETE	4. 1 TITLE		Z. <sup>V</sup>	Change	Addition
NAME CROSSEL ADDRESS				4.2 NAME		<b>S</b>		
STREET ADDRESS				4.3 STREET	- 1	<b>.</b> 2.		
CITY-ST-ZIP TITLE		····	☐ DELETE	44 CITY-S 5 1 TITLE	I - ZIP		Change	Addition
NAME				5 2 NAME			C) crange	
STREET ADDRESS				5.3 STREET	ADDRESS			

6.4 CITY-ST-ZIP 14. 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 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. ASS'T TREASURER

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6 1 TITLE

6.2 NAME

SIGNATURE: \_\_

CITY-S1-ZIP

STREET ADDRESS

TITLE

NAME

1S6

DEL ETE

6/7-966-9850 Daytina Prione #

Addition

Change

		NMC DIAGNOS	TIC SERVICES	
		GROUP OF CO		
		LIST OF DIRECTO	RS AND OFFICERS	
	EFFECTIVE 03/15/1996			
	7-7-7-4	OFFICE		
	DIRECORS	HELD	SS NUMBER	HOME ADDRESS
	CONSTANTINE	*******	********	******
	HAMPERS, M.D.	DIRECTOR		EAST LAKE ROAD
	namreno, m.p.	DIRECTOR	190-24-4386	BOX 494, OAKHILL
				DUBLIN, NH 03444
	GEOFFREY			11 INDEPENDENCE RD
	SWETT	DIRECTOR	144-40-8739	PEPPERELL, MA 01463
			• • • • • • • • • • • • • • • • • • • •	
	********			
	- · · · · · · · · · · · · · · · ·	OFFICE	**********	•••••
	OFFICERS	HELD	SS NUMBER	HOME ADDRESS
	*******	*******	*********	***********
	/			
✓	GEOFFREY			11 INDEPENDENCE RD
	SWETT	PRESIDENT	144-40-8739	PEPPERELL, MA 01463
_/	/ CONSTANTINE		•	
•		VICE PRESIDENT		EAST LAKE ROAD
	NAMPERO, M.E.	VICE PRESIDER	190-24-4386	BOX 494, OAKHILL
	/			!
1	LEON			74 CHARTER ROAD
	MÀRAIST	VICE PRESIDENT	434-60-5836	ACTON, MA 01720
				·
¥	PATRICK			10 HENDERSON WAY
	MORIARTY	VICE PRESIDENT	021-38-2035	MEDFIELD, MA 02052
V	A. MILES			45 WASHINGTON BOINE
•		TREASURER		19 WASHINGTON DRIVE SUDBURY, MA 01776
1	The state of the s	TREAGUNE	V12-34-0000	SUBURT, MA 01770
/	MARC S.	ASSISTANT		10 CROWN POINT ROAD
(				SUDBURY, MA 01776
				· ·
_		ASSISTANT		50 SUNNYSIDE AVENUE
	LUTHER	TREASURER	010-34-9716	READING, MA 01867
	CAROL E.	COLOTABLY		
		ASSISTANT SECRETARY		187 GROVE STREET LEXINGTON, MA 02173
	DOTTER	SEUREIANI	139 <del>-44</del> -9200	LEXINGTON, MA UZ 1/3
	DAVID A.			151 REED FARM ROAD
	KEMBEL	SECRETARY		BOXBOROUGH, MA 01719
		OR OFFICERS/DIRECTORS	•	
	RESERVOIR PLACE			
	1601 TRAPELO ROAD			

WALTHAM, MA 02154 (617)466-9850