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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M60232

(9)

PARK IMAGING, INC.

Principal Place of Business Mailing Address

1801 TRAPELO RD WALTHAM MA 02154 1601 TRAPELO RD

FILED May 15 1997 8:00am Secretary of State



| WALTHAM MA 02154 | | WALTHAM MA 02154-7333 | | | | | | |
|---------------------|---|--|---|---------------------------------------|---|------------------------------|--------------------------|----------------------------|
| | | | | | Date Incorporated or Qualified 10/05/1987 | 3a. Date | | oport |
| 2. Principal Place | | 2a. Mailing Address | | | 4. FEI Number | | | plied For |
| | ayden ave: | 26 Esame | | | 65-0009002 | | No | ot Applicable |
| Suite, Apt. #, et | lc. | Suite, Apt. #, etc. | • | | 5. Certificate of Status Desired | | \$ 8.75 Fee Re | Additional equired |
| City & State | | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 C CXUNC | MA CODY | 28 | | | Trust Fund Contribution | | Added | |
| ل ^{Zip} مص | Country | Zip | Countr | у | 8. This corporation has liability for in | ntangible ta: | under s | . 199.032, |
| 24 0217 | | 29 | 30 | | | Yes 🔼 | | |
| | Name and Address of Current | Registered Agent | | · · · · · · · · · · · · · · · · · · · | 10. Name and Address of New Reg | sistered Ag | ent | |
| | RPORATION SYSTEM | | 81 | Name | | | | |
| | OUTH PINE ISLAND RD | | 82 | Street Add | ress (P.O. Box Number is Not Acceptable | le) | | |
| PLANTA | TION FL 33324 | | ļ | ļ | | | ··· | |
| | | | 83 | i | | | | |
| | | | 84 | City | | | 85 Zip | Code |
| <u>.</u> | | | | 1 ' | | - I-I I | | |
| agent. I am fa | stered agent, or both, in the State of smilliar with, and accept the obligations. | of Florida. Such change with soft Section 607.0505 | actics, the above as authorized b , Florida Statute | y the corpora es. | poration submits this statement for the pition's board of directors. I hereby accep | urpose of cr t the appoin | ianging it Iment as | s registered registered |
| SIGNATURE | ature, typed or printed name of registered agen | t and title if applicable | (NOTE Registation & | wut view abuse recom | red when reinstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | rate organization teaching | ADDITIONS/CHANGES TO OFFIC | | RECTOR | IS IN 12 |
| TITLE AT | | DECETE | 1,1 1/116 | | | | Change | Addition |
| | EBERMAN, MARC | | 1.2 NAME | | | _ | 3- | |
| | CROWN POINT RD. | | 1.3 STREE | T ADDRESS | | | | |
| | UDBURY MA 01776 | | 1.4 CITY - | | | | | |
| TITLE | | DELETE | 2.1 7/11/ | 51-211 | | | Change | Addition |
| NAME | | | 2.2 NAME | | | | , change | |
| STREET ADDRESS | | | | 1 ADORESS | | | | |
| CITY-ST-ZIP | | | 2. ₫ C(1) Y | | Δ. | | | |
| TITLE | | DELETE | 3170LF | 31-71 | | | Change | Addition |
| NAME | | | 3.2 NAME | | > C | L | Change | |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4, CITY- | | ~ | | | |
| TITLE | ` | DELETE | 4.1 117(F | 31-211 | EST A REVER | | Change | Addition |
| NAME | | | 4. Ž NAME | | , T | L | - Unturige | |
| STREET ADDRESS | | | | T ADDRESS | EY . | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | | <i>-</i> 34 | | | |
| TITLE | | L. DELETE | 5.1 TITLE | 01.411. | | | Change | Addition |
| NAME | | | 5.2 NAME | | | la | , D. Lange | |
| STREET ADDRESS | | | | 1 ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CHY- | | | | | |
| TITLE | | DELETE | 5.4 CHY- | 31 · ZP' | | | Change | Addition |
| NAME | | | 62 NAME | | | <u>L.</u> | , Shariyo | |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | | | | | | | | |
| | actifut that the information of united | with this Class does not so | 64 CITY- | 51 - 201 | d in Contact 440 07/07/01 [1-1-1-1 | | | |

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.

CICNIATURE

MADE LIBERALVASS'T 7

ASS'T TREASURED 4/

Carlyon Gara

NMC DIAGNOSTIC SERVICES, INC. LIST OF DIRECTORS AND OFFICERS

EFFECTIVE 01/01/1997

| DIRECORS | OFFICE HELD | SS NUMBER | HOME ADDRESS |
|----------------|--------------------|----------------------|-----------------------------------|
| | | | |
| GEOFFREY | | | 42 KINGS WAY |
| SWETT | DIRECTOR | 144-40-8739 | Waltham, MA 02154 |
| V4211 | | | |
| | OFFICE | | |
| OFFICERS | HELD | SS NUMBER | HOME ADDRESS |
| OFFICERS | WEIT | 33 HUMBER | HORE RUUTIMU |
| GEOFFREY | | | 42 KINGS WAY |
| SWETT | PRESIDENT | 144-40-8739 | WALTHAM, MA 02154 |
| SHELL | 1 (CODEM | 144 40 0107 | |
| LEON | | | 74 CHARTER ROAD |
| MARAIST | VICE PRESIDENT | 434-60-5836 | ACTON, MA 01720 |
| MAINAW1 | HOL HADDANI | 101 40 0000 | 220000, 2 |
| PATRICK | | | 10 HENDERSON WAY |
| MORIARTY | VICE PRESIDENT | 021-38-2035 | MEDFIELD, MA 02052 |
| Mothrate 1 | g zon z zpoczenie | | |
| ROBERT W. | | | 9 SALISBURY STREET |
| | TREASURER | 017-36-2353 | WINCHESTER, MA 01890 |
| Armstrong, III | INEXOUNER | 011-00-2000 | HILITOILLAND LEADING MILE ON COOK |
| MARC S. | ASSISTANT | | 10 CROWN POINT ROAD |
| LIEBERMAN | TREASURER | 108-38-6181 | SUDBURY, MA 01776 |
| MEDERMAN | Imatonimi | 100 00 0101 | |
| James V. | ASSISTANT | | 50 SUNNYSIDE AVENUE |
| LUTHER | TREASURER | 010-34-9716 | READING, MA 01867 |
| TA 1 11 19 12 | t there to a their | ~.~ ~. <i>></i> ~ | |
| DAYID A. | ASSISTANT | | 151 REED FARM ROAD |
| KEMBEL | SECRETARY | 522-88-5894 | BOXBOROUGH, MA 01719 |
| (Firthing folk | DEVIMENTAL. | | |

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

TELEPHONE #: (617)402-9000