

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. McInnam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P31545 (7)

1. Corporation Name

MEDIO DIAGNOSTIC CENTERS-I, INC.

Principal Place of Business

**ONE MEDIO PLAZA
PENNSAUKEN NJ 08110**

Mailing Address

**ONE MEDIO PLAZA
PENNSAUKEN NJ 08110**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/26/1990

3a. Date of Last Report

07/19/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

22-2721914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under S. 189.032,

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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

FL

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OWINGS, J. THOMAS
STREET ADDRESS	ONE MEDIO PLAZA
CITY - ST - ZIP	PENNSAUKEN NJ
TITLE	V
NAME	SURPIN, JO
STREET ADDRESS	ONE MEDIO PLAZA
CITY - ST - ZIP	PENNSAUKEN NJ
TITLE	CFP
NAME	SANDLER, MICHAEL F.
STREET ADDRESS	ONE MEDIO PLAZA
CITY - ST - ZIP	PENNSAUKEN NJ
TITLE	SD
NAME	SCHLOSS, EUGENE M., JR.
STREET ADDRESS	ONE MEDIO PLAZA
CITY - ST - ZIP	PENNSAUKEN NJ
TITLE	Y
NAME	LAWLOR, MARK
STREET ADDRESS	ONE MEDIO PLAZA
CITY - ST - ZIP	PENNSAUKEN NJ
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V.P	☒ Change	☐ Addition
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE	P/D	☒ Change	☐ Addition
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE	CFO/D	☒ Change	☐ Addition
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		☐ Change	☐ Addition
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		☐ Change	☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
64 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

Date

Signature Name