SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P31545** **(7)**

1. Corporation Name

MEDIQ DIAGNOSTIC CENTERS-I, INC.

Principal Place of Business
ONE MEDIQ PLAZA
PENNSAUKEN NJ 08110

Mailing Address
ONE MEDIQ PLAZA
PENNSAUKEN NJ 08110

3. Date Incorporated or Qualified: **10/26/1990**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **22-2721914** — 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
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 of a member of the firm of the registered agent) (Printed Name of Signature) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	☒ DELETE
NAME	OWINGS, J. THOMAS	
STREET ADDRESS	ONE MEDIQ PLAZA	
CITY-ST-ZIP	PENNSAUKEN NJ	
TITLE	PD	☐ DELETE
NAME	SURPIN, JO	
STREET ADDRESS	ONE MEDIQ PLAZA	
CITY-ST-ZIP	PENNSAUKEN NJ	
TITLE	CFOD	☐ DELETE
NAME	SANDLER, MICHAEL F.	
STREET ADDRESS	ONE MEDIQ PLAZA	
CITY-ST-ZIP	PENNSAUKEN NJ	
TITLE	SD	☐ DELETE
NAME	SCHLOSS, EUGENE M., JR.	
STREET ADDRESS	ONE MEDIQ PLAZA	
CITY-ST-ZIP	PENNSAUKEN NJ	
TITLE	T	☒ DELETE
NAME	LAWLOR, MARK	
STREET ADDRESS	ONE MEDIQ PLAZA	
CITY-ST-ZIP	PENNSAUKEN NJ	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Director	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

100001908441
-07/30/96--01122--005
***225.00

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Michael F. Sandler 7/30/96 609-665-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone