

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31545 (7)

1. Corporation Name

MEDIQ DIAGNOSTIC CENTERS-I, INC.

Principal Place of Business

Mailing Address

ONE MEDIO PLAZA
PENNSAUKEN NJ 08110

ONE MEDIO PLAZA
PENNSAUKEN NJ 08110



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		10/26/1990		05/01/1995	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		22-2721914		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
				6. Election Campaign Financing		5.00 May Be Added to Fees	
				Trust Fund Contribution			
				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
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 person named as registered agent on this report

Signature of person named as registered agent on this report

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	
NAME	OWINGS, J. THOMAS	12 NAME	
STREET ADDRESS	ONE MEDIO PLAZA	13 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	
NAME	SURPIN, JO	22 NAME	
STREET ADDRESS	ONE MEDIO PLAZA	23 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	24 CITY-ST-ZIP	
TITLE	CFOD	31 TITLE	
NAME	SANDLER, MICHAEL F.	32 NAME	
STREET ADDRESS	ONE MEDIO PLAZA	33 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	34 CITY-ST-ZIP	
TITLE	SO	41 TITLE	Director
NAME	SCHLOSS, EUGENE M., JR.	42 NAME	
STREET ADDRESS	ONE MEDIO PLAZA	43 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	
NAME	LAWLOR, MARK	52 NAME	
STREET ADDRESS	ONE MEDIO PLAZA	53 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael F. Sandler 7/25/96 609-665-9300

CR2E034 (3/96)