

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P31545** (7)

1. Corporation Name

**MEDIQ DIAGNOSTIC CENTERS-I, INC.**

Principal Place of Business

**ONE MEDIO PLAZA  
PENNSAUKEN NJ 08110**

Mailing Address

**ONE MEDIO PLAZA  
PENNSAUKEN NJ 08110**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/26/1990</b>	3a. Date of Last Report <b>07/30/1996</b>
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>22-2721914</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SURPIN, JO</b>	1.2 NAME	
STREET ADDRESS	<b>ONE MEDIO PLAZA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENNSAUKEN NJ</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CFOD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDLER, MICHAEL F.</b>	2.2 NAME	
STREET ADDRESS	<b>ONE MEDIO PLAZA</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENNSAUKEN NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHLOSS, EUGENE M., JR.</b>	3.2 NAME	
STREET ADDRESS	<b>ONE MEDIO PLAZA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENNSAUKEN NJ</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Asst. Treasurer</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Jay M. Kaplan</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>One Medio Plaza</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>Pennsauken, N.J. 08110</b>
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *X*

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Michael F. Sandler**

**4/9/97**

**609-665-9300**

0612068

CR2E034 (9/96)