

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P31545**

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**

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90073 031 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1990

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 owes the current year Intangible
Personal Property Tax. ☒ 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SURPIN, JO | |
| STREET ADDRESS | ONE MEDIQ PLAZA | |
| CITY-ST-ZIP | PENNSAUKEN NJ | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | EINHORN, ALAN S | |
| STREET ADDRESS | ONE MEDIQ PLZ | |
| CITY-ST-ZIP | PENNSAUKEN NJ 08110 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SCHLOSS, EUGENE M., JR. | |
| STREET ADDRESS | ONE MEDIQ PLAZA | |
| CITY-ST-ZIP | PENNSAUKEN NJ | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | KAPLAN, JAY M. | |
| STREET ADDRESS | ONE MEDIQ PLAZA | |
| CITY-ST-ZIP | PENNSAUKEN NJ | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | AS (ASSISTANT SECRETARY) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | MARK BOURGHS |
| 5.3 STREET ADDRESS | ONE MEDIQ PLAZA |
| 5.4 CITY-ST-ZIP | PENNSAUKEN NJ 08110 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | AS |
| 6.3 STREET ADDRESS | ELLIOT SLOANE |
| 6.4 CITY-ST-ZIP | ONE MEDIQ PLAZA |
| | PENNSAUKEN NJ 08110 |

14. I 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, with all other like empowered.

SIGNATURE: **X** **Signature Required** CFO/TREAS 4/20/1999 609-662-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0564447