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1-2

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000050602 (0)

1. Corporation Name

PARK DIAGNOSTIC IMAGING CENTER, INC.

Principal Place of Business

1601 TRAPELO ROAD
WALTHAM MA 02154

Mailing Address

1601 TRAPELO ROAD
WALTHAM MA 02154



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/14/1993

3a. Date of Last Report
12/18/1995

4. FEI Number
65-0433683

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH 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

TITLE P
NAME LOWRIE, ERNESTINE M ☒ DELETE
STREET ADDRESS 21 EDMONDS ROAD
CITY-ST-ZIP CONCORD MA 01712

TITLE VP
NAME HAMPERS, CONSTANTINE MD ☐ DELETE
STREET ADDRESS EAST LAKE RD., BOX 494
CITY-ST-ZIP OAKHILL MA

TITLE VP
NAME MORIARTY, PATRICK ☐ DELETE
STREET ADDRESS 10 HENDERSON WAY
CITY-ST-ZIP MEDFIELD MA 02052

TITLE VP
NAME MARAIST, LEON ☐ DELETE
STREET ADDRESS 74 CHARTER ROAD
CITY-ST-ZIP ACTON MA 01720

TITLE T
NAME NOGEOLO, A. MILES ☐ DELETE
STREET ADDRESS 19 WASHINGTON DRIVE
CITY-ST-ZIP SUDBURY MA 01776

TITLE AT
NAME LIEBERMAN, MARC S ☐ DELETE
STREET ADDRESS 10 CROWN POINT ROAD
CITY-ST-ZIP SUDBURY MA 01776

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 ☐ 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

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-04/25/96--01033--012
***5800.00

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

1557 TREASURER

Date

Daytime Phone #

CR2E034 (12/95)

**NMC DIAGNOSTIC SERVICES
GROUP OF CORPORATIONS
LIST OF DIRECTORS AND OFFICERS**

EFFECTIVE 03/15/1996

DIRECTORS	OFFICE HELD	SS NUMBER	HOME ADDRESS
CONSTANTINE HAMPERS, M.D.	DIRECTOR	190-24-4386	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
GEOFFREY SWETT	DIRECTOR	144-40-8739	11 INDEPENDENCE RD PEPPERELL, MA 01463

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OFFICERS	OFFICE HELD	SS NUMBER	HOME ADDRESS
GEOFFREY SWETT	PRESIDENT	144-40-8739	11 INDEPENDENCE RD PEPPERELL, MA 01463
CONSTANTINE HAMPERS, M.D.	VICE PRESIDENT	190-24-4386	EAST LAKE ROAD BOX 494, OAKHILL
LEON MARAIST	VICE PRESIDENT	434-60-5836	74 CHARTER ROAD ACTON, MA 01720
PATRICK MORIARTY	VICE PRESIDENT	021-38-2035	10 HENDERSON WAY MEDFIELD, MA 02052
A. MILES NOGEOLO	TREASURER	012-34-5855	19 WASHINGTON DRIVE SUDBURY, MA 01776
MARC S. LIEBERMAN	ASSISTANT TREASURER	108-38-6181	10 CROWN POINT ROAD SUDBURY, MA 01776
JAMES V. LUTHER	ASSISTANT TREASURER	010-34-9716	50 SUNNYSIDE AVENUE READING, MA 01867
CAROL E. BOWEN	ASSISTANT SECRETARY	139-44-5206	187 GROVE STREET LEXINGTON, MA 02173
DAVID A. KEMBEL	SECRETARY	522-55-5894	151 REED FARM ROAD BOXBOROUGH, MA 01719

BUSINESS ADDRESS FOR OFFICERS/DIRECTORS
RESERVOIR PLACE
1601 TRAPELO ROAD
WALTHAM, MA 02154
(617)486-9850