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FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 02154-7333

2. Principal Place of Business

21 95 Hayden Ave.  
Suite, Apt. #, etc.

22 City & State  
Dorchester, MA

23 Zip  
02113

24 Country

2a. Mailing Address

26 ← same  
Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/14/1993

3a. Date of Last Report

04/24/1996

4. FEI Number

65-0433683

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 SOUTH 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 VP  
NAME HAMPERS, CONSTANTINE MD  
STREET ADDRESS EAST LAKE RD., BOX 494  
CITY-ST-ZIP OAKHILL MA  
☒ DELETE

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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

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: [Signature] MARC LIEBERMAN, TREASURER

CP2E034 (9/96)

SEE ATTACHED

**NMC DIAGNOSTIC SERVICES, INC.  
LIST OF DIRECTORS AND OFFICERS**

**EFFECTIVE 01/01/1997**

<b>DIRECTORS</b>	<b>OFFICE HELD</b>	<b>SS NUMBER</b>	<b>HOME ADDRESS</b>
<b>GEOFFREY SWETT</b>	<b>DIRECTOR</b>	<b>144-40-8739</b>	<b>42 KINGS WAY WALTHAM, MA 02154</b>

<b>OFFICERS</b>	<b>OFFICE HELD</b>	<b>SS NUMBER</b>	<b>HOME ADDRESS</b>
<b>GEOFFREY SWETT</b>	<b>PRESIDENT</b>	<b>144-40-8739</b>	<b>42 KINGS WAY WALTHAM, MA 02154</b>
<b>LEON MARAIST</b>	<b>VICE PRESIDENT</b>	<b>404-60-5636</b>	<b>74 CHARTER ROAD ACTON, MA 01720</b>
<b>PATRICK MORIARTY</b>	<b>VICE PRESIDENT</b>	<b>021-88-2035</b>	<b>10 HENDERSON WAY MEDFIELD, MA 02052</b>
<b>ROBERT W. ARMSTRONG, III</b>	<b>TREASURER</b>	<b>017-86-2353</b>	<b>9 SALISBURY STREET WINCHESTER, MA 01890</b>
<b>MARC S. LIEBERMAN</b>	<b>ASSISTANT TREASURER</b>	<b>108-88-6181</b>	<b>10 CROWN POINT ROAD SUDBURY, MA 01776</b>
<b>JAMES V. LUTHER</b>	<b>ASSISTANT TREASURER</b>	<b>010-84-9716</b>	<b>50 SUNNYSIDE AVENUE READING, MA 01867</b>
<b>DAVID A. KEMBEL</b>	<b>ASSISTANT SECRETARY</b>	<b>522-88-5894</b>	<b>151 REED FARM ROAD BOXBOROUGH, MA 01719</b>

**CORPORATE HEADQUARTERS:  
TWO LEDGEMONT CENTER  
96 HAYDEN AVENUE  
LEXINGTON, MA 02173**

**TELEPHONE #: (617)402-9000**