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FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000050602 (0)**

1. Corporation Name

**PARK DIAGNOSTIC IMAGING CENTER, INC.**

Principal Place of Business

**95 HAYDEN AVE  
LEXINGTON MA 02173  
US**

Mailing Address

**95 HAYDEN AVE  
LEXINGTON MA 02173  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/14/1993**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

**ASS'T TREASURER**

**4/16/98 (781) 402-9000**

CR2E034 (10/97)

**PARK DIAGNOSTIC IMAGING CENTER, INC.**

**LIST OF OFFICERS AND DIRECTORS  
EFFECTIVE 2/24/98**

<b>DIRECTORS</b>	<b>OFFICE HELD</b>	<b>BUSINESS ADDRESS</b>
<b>BEN LIPPS</b>	<b>DIRECTOR</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>GEOFFREY SWETT</b>	<b>DIRECTOR</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>OFFICERS</b>	<b>OFFICE HELD</b>	<b>BUSINESS ADDRESS</b>
<b>GEOFFREY SWETT</b>	<b>PRESIDENT</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>PATRICK MORIARTY</b>	<b>VICE PRESIDENT</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>HEINZ SCHMIDT</b>	<b>TREASURER</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>MARC S. LIEBERMAN</b>	<b>ASSISTANT TREASURER</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>JAMES V. LUTHER</b>	<b>ASSISTANT TREASURER</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>DAVID A. KEMBEL</b>	<b>SECRETARY</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>