

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 95 HAYDEN AVE LEXINGTON MA 02173 US	Mailing Address 95 HAYDEN AVE LEXINGTON MA 02173 US
---	---

DO NOT WRITE IN THIS SPACE

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 Zip 25 Country	29 Zip 30 Country

3. Date Incorporated or Qualified 07/14/1993	
4. FEI Number 65-0433683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	MORIARTY, PATRICK	
STREET ADDRESS	10 HENDERSON WAY	
CITY-ST-ZIP	MEDFIELD MA 02052	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARAIST, LEON	
STREET ADDRESS	74 CHARTER ROAD	
CITY-ST-ZIP	ACTON MA 01720	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	LIEBERMAN, MARC S	
STREET ADDRESS	10 CROWN POINT ROAD	
CITY-ST-ZIP	SUDBURY MA 01776	
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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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**

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