

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90302 001 \*5,250.00

**DOCUMENT # P93000050602**

1. Corporation Name

**PARK DIAGNOSTIC IMAGING CENTER, INC.**



Principal Place of Business

95 HAYDEN AVE  
LEXINGTON MA 02179-  
US

Mailing Address

95 HAYDEN AVE  
LEXINGTON MA 02179  
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 ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02420

02420

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE  
NAME MORIARTY, PATRICK  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON MA 02179-

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 02420

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE AT ☐ DELETE  
NAME LIEBERMAN, MARC S  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON MA 02173

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 02420

TITLE D ☐ DELETE  
NAME BEN LIPPS  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON MA 02179

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 02420

TITLE PD ☒ DELETE  
NAME GEOFFREY SWETT  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON MA 02173

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME DAVID A KEMBEL  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON MA 02173

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP 02420

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:

**SIGNATURE REQUIRED** Marc Lieberman

4/12/99

781-402-9000

Daytime Phone #

CR2E034 (11/98)