

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000050602

1. Entity Name

PARK DIAGNOSTIC IMAGING CENTER, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90160 001 \*6,000.00

Principal Place of Business

Mailing Address

95 HAYDEN AVE  
LEXINGTON MA 02420  
US

95 HAYDEN AVE  
LEXINGTON MA 02421-7042  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0433683

Applied For

Not Applicable

Zip

Country

Zip

Country

02420

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Delete  
NAME MORIARTY, PATRICK  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON MA 02420

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AT ☐ Delete  
NAME LIEBERMAN, MARC S  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON MA 02420

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BEN LIPPS  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON MA 02420

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME DAVID A KEMBEL  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON MA 02420

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC LIEBERMAN

4-19-00

781-402-9000

CR2E034 (9/99)

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13086

**PARK DIAGNOSTIC IMAGING CENTER, INC.**

**LIST OF OFFICERS AND DIRECTORS**  
**EFFECTIVE 01/01/2000**

<b>DIRECTORS</b>	<b>OFFICE HELD</b>	<b>RESIDENCE</b>
BEN J. LIPPS	DIRECTOR	67 MARLBOROUGH STREET, UNIT 3 BOSTON, MA 02116
<b>OFFICERS</b>	<b>OFFICE HELD</b>	<b>RESIDENCE</b>
HEINZ SCHMIDT	TREASURERE	3108 PASEO GRANADA PLEASANTON, CA 94566
MARC S. LIEBERMAN	ASSISTANT TREASURER	10 CROWN POINT ROAD SUDBURY, MA 01776
JAMES V. LUTHER	ASSISTANT TREASURER	50 SUNNYSIDE AVENUE READING, MA 01867
DOUGLAS G. KOTT	ASSISTANT SECRETARY	97 GLEN STREET S. NATICK, MA 01760

**CORPORATE HEADQUARTERS:**

*95 Hayden Avenue*  
*Lexington, MA 02420*  
*Tele: 781-402-9000*