

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90442 001 \*3,800.00

**DOCUMENT # P93000050602**

1. Entity Name  
**PARK DIAGNOSTIC IMAGING CENTER, INC.**

Principal Place of Business

**95 HAYDEN AVE  
LEXINGTON MA 02420  
US**

Mailing Address

**95 HAYDEN AVE  
LEXINGTON MA 02420  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0433683**

Applied For

Not Applicable

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, 2002 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

T ☐ Delete  
**LIEBERMAN, MARC S  
95 HAYDEN AVE  
LEXINGTON MA 02420**

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

D ☐ Delete  
**BEN LIPPS  
95 HAYDEN AVE  
LEXINGTON MA 02420**

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

S ☐ Delete  
**DAVID A KEMBEL  
95 HAYDEN AVE  
LEXINGTON MA 02420**

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

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition  
ASSISTANT TREASURER  
PAUL COLANTONIO  
95 HAYDEN AVENUE  
LEXINGTON, MA 02420-9192

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition  
ASSISTANT TREASURER  
JAMES V. LUTHER  
95 HAYDEN AVENUE  
LEXINGTON, MA 02420-9192

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
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:**

*Paul Colantonio*

**PAUL COLANTONIO, ASST. TREASURER 04-02-02 781-402-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)

Attachment # P93000050602

**PARK DIAGNOSTIC IMAGING CENTER, INC.**

**LIST OF OFFICERS AND DIRECTORS  
EFFECTIVE 3/1/01**

<b>DIRECTORS</b>	<b>OFFICE HELD</b>	<b>BUSINESS</b>
BEN J. LIPPS	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02420
<b>OFFICERS</b>	<b>OFFICE HELD</b>	<b>BUSINESS</b>
MARC S. LIEBERMAN	TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
PAUL J. COLANTONIO	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
JAMES V. LUTHER	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
DAVID A. KEMBEL	SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420

**CORPORATE HEADQUARTERS**  
95 Hayden Avenue  
Lexington, MA 02420