

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 30 AM 11:47

SEAL OF THE STATE
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P93000050602

1. Entity Name
PARK DIAGNOSTIC IMAGING CENTER, INC.

Principal Place of Business
95 HAYDEN AVE
LEXINGTON, MA 02420 US

Mailing Address
ATTN: TAX DEPT., 95 HAYDEN AVE
LEXINGTON, MA 02420 US



03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AT
NAME	LIEBERMAN, MARC
STREET ADDRESS	95 HAYDEN AVE
CITY-ST-ZIP	LEXINGTON, MA 02420
TITLE	D
NAME	LIPPS, BEN
STREET ADDRESS	95 HAYDEN AVE
CITY-ST-ZIP	LEXINGTON, MA 02420
TITLE	S
NAME	KEMBEL, DAVID
STREET ADDRESS	95 HAYDEN AVE
CITY-ST-ZIP	LEXINGTON, MA 02420
TITLE	AT
NAME	COLANTONIO, PAUL
STREET ADDRESS	95 HAYDEN AVE
CITY-ST-ZIP	LEXINGTON, MA 02420
TITLE	T
NAME	FAWCETT, MARK
STREET ADDRESS	95 HAYDEN AVE
CITY-ST-ZIP	LEXINGTON, MA 02420
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000031527740
03/31/04--01004--001 **3250.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. Lieberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04

Date

781 402 9000

Daytime Phone #

Attachment

P3000050602

PARK DIAGNOSTIC IMAGING CENTER, INC.

FEIN 65-0433683

LIST OF OFFICERS AND DIRECTORS
EFFECTIVE 03/17/03

DIRECTORS

BEN J. LIPPS

OFFICE

DIRECTOR

BUSINESS

95 HAYDEN AVENUE
LEXINGTON, MA 02420

OFFICERS

MARK FAWCETT

OFFICE

TREASURER

BUSINESS

95 HAYDEN AVENUE
LEXINGTON, MA 02420

PAUL J. COLANTONIO

ASSISTANT TREASURER

95 HAYDEN AVENUE
LEXINGTON, MA 02420

MARC S. LIEBERMAN

ASSISTANT TREASURER

95 HAYDEN AVENUE
LEXINGTON, MA 02420

DAVID A. KEMBEL

SECRETARY

95 HAYDEN AVENUE
LEXINGTON, MA 02420