2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90026 005 ***150.00

DOCUMENT # P04000153894

1. Entity Name
RANDALL C. MORGAN, JR., M.D., P.A.

Principal Place of Business	Mailing Address
C/O JOHN A. MORAN, ESQ. 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA, FL 34236	C/O JOHN A. MORAN, ESQ. 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA, FL 34236

03152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
c/o Randall C. Morgan, Jr. 2401 University Parkway		c/o Randall C. Morgan, Jr. 2401 University Parkway	
Suite, Apt. #, etc.: Suite 103		Suite, Apt. #, etc.: Suite 103	
City & State: Sarasota, FL		City & State: Sarasota, FL	
Zip: 34243	Country: U.S.	Zip: 34243	Country: U.S.

4. FEI Number: 20-1891461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORAN, JOHN A ESQ.
22 SOUTH LINKS AVENUE, SUITE 300
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

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

1990 Main Street, Suite 700

City: Sarasota **FL** Zip Code: 34236

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] 3-15-05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Randall C. Morgan, Jr., M.D. 2401 University Parkway, Suite 103 Sarasota, FL 34243 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Randall C. Morgan, J., M.D. Director 3/29/05 941 360-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #