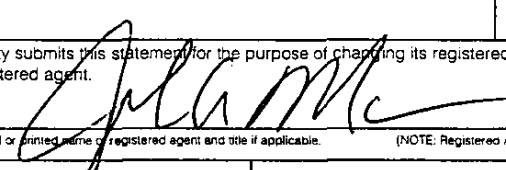
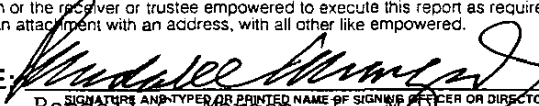


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 C/O JOHN A. MORAN, ESQ. 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA, FL 34236		Mailing Address C/O JOHN A. MORAN, ESQ. 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA, FL 34236	
2. Principal Place of Business C/O Randall C. Morgan, Jr. 2401 University Parkway Suite, Apt. #, etc. Suite 103 City & State Sarasota, FL Zip 34243 Country U.S.		3. Mailing Address C/O Randall C. Morgan, Jr. 2401 University Parkway Suite, Apt. #, etc. Suite 103 City & State Sarasota, FL Zip 34243 Country U.S.	
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  DATE 3-15-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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  Director Randall C. Morgan, Jr., M.D.		Date 3/29/05 PAI 360-2211 Daytime Phone #	