FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAY -1 PM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/18/95 -01013 -015
****225.00 ****225.00

DOCUMENT # **J01687** **(9)**

1. Corporation Name
MORGAN MEDICAL CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
777 S. HARBOUR ISLAND BLVD. SUITE 876 TAMPA FL 33602	777 S. HARBOUR ISLAND BLVD. SUITE 876 TAMPA FL 33602

3. Date Incorporated or Qualified: **02/28/1986**
3a. Date of Last Report: **05/12/1994**

2. Principal Place of Business	2a. Mailing Address
21 101 E. Kennedy Blvd.	26 101 E. Kennedy Blvd.
22 Suite, Apt. #, etc. 1010	27 Suite, Apt. #, etc. 1010
23 City & State Tampa FL	28 City & State Tampa FL
24 Zip 33602 25 Country USA	29 Zip 33602 30 Country USA

4. FEI Number: **59-2666659** ☐ Applied For ☐ Not Applicable

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

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

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STRONG, MARK J. 777 S. HARBOUR ISLAND BLVD, SUITE 876 TAMPA FL 33602	81 Name: Strong, Mark J. 82 Street Address (P.O. Box Number is Not Acceptable): 101 E. Kennedy Blvd. Suite 1010 83 84 City: Tampa FL 85 Zip Code: 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and the date as required) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☐ Change ☐ Addition
NAME	STRONG, J. MARK	12 NAME	Strong, J Mark	
STREET ADDRESS	1650 MULLET CT	13 STREET ADDRESS	1650 Mullet Court	
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP	Naples, FL	
TITLE	DSV	21 TITLE	DSV	☒ Change ☐ Addition
NAME	GARRISON, SANDRA	22 NAME	Garrison, Sandra	
STREET ADDRESS	1094 AZALEA LANE	23 STREET ADDRESS	1460 Sunset Drive	
CITY ST ZIP	WINTER PARK FL	24 CITY ST ZIP	Winter Park, FL 32789	
TITLE	D	31 TITLE	D	☐ Change ☒ Addition
NAME	SILBIGER, MARTIN L. (M.D	32 NAME	James Cooke, M.D.	
STREET ADDRESS	1827 BAYSHORE BOULEVARD	33 STREET ADDRESS	991 Somerset Drive	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	Atlanta, GA 30327	
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	Thomas Hecy	
STREET ADDRESS		43 STREET ADDRESS	132 10th Avenue N., #105	
CITY ST ZIP		44 CITY ST ZIP	Safety Harbor, FL 34695	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

TAW 5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra Garrison 4/26/95 (813) 229-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SANDRA GARRISON

0290111 CP