

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J01687 (9)

1. Corporation Name
MORGAN MEDICAL CORPORATION



Principal Place of Business C/O NMR AMERICA 430 MOUNTAIN AVE MURRAY HILL NJ 07974-2732	Mailing Address C/O NMR AMERICA 430 MOUNTAIN AVE MURRAY HILL NJ 07974-2732
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/O MEDICAL RESOURCES, INC. 155 STATE ST. Suite, Apt. #, etc.	2a. Mailing Address 26 C/O MEDICAL RESOURCES, INC. 155 STATE ST. Suite, Apt. #, etc.
22 City & State 23 HACKENSACK, NJ	27 City & State 28 HACKENSACK, NJ
24 Zip 07601	29 Zip 07601

3. Date Incorporated or Qualified 02/28/1986	4. FEI Number 59-2666659	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVENUE
SUITE 200
TALLAHASSEE FL 32301-2551**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DASTI, J.	
STREET ADDRESS	430 MOUNTAIN AVENUE	
CITY-ST-ZIP	MURRAY NJ 07974-2732	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	O'MALLEY, J.P. III	
STREET ADDRESS	430 MOUNTAIN AVENUE	
CITY-ST-ZIP	MURRAY NJ 07974-2732	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GERALD H. ALLEN	
1.3 STREET ADDRESS	155 STATE ST.	
1.4 CITY-ST-ZIP	HACKENSACK, NJ 07601	
2.1 TITLE	VITIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GEOFFREY A. WHYNOT	
2.3 STREET ADDRESS	155 STATE ST.	
2.4 CITY-ST-ZIP	HACKENSACK, NJ 07601	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 _____

CR2E034 (10/97)