

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. Northam 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

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	

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

9. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES, INC. 528 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
		85 Zip Code	FL

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 Signature, typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS		
TITLE PD	NAME DASTI, J.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 430 MOUNTAIN AVENUE	CITY-ST-ZIP MURRAY NJ 07974-2732	
TITLE VD	NAME O'MALLEY, J.P. III	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 430 MOUNTAIN AVENUE	CITY-ST-ZIP MURRAY NJ 07974-2732	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE D/P	1.2 NAME GERALD H. ALLEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.3 STREET ADDRESS 155 STATE ST.	1.4 CITY-ST-ZIP HACKENSACK, NJ 07601	
2.1 TITLE VITIS	2.2 NAME GEOFFREY A. WHYNOT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.3 STREET ADDRESS 155 STATE ST.	2.4 CITY-ST-ZIP HACKENSACK, NJ 07601	
3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CP2E034 (10/97)