

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J01687

1. Corporation Name  
MORGAN MEDICAL CORPORATION

|   |  |  |  |
|---|--|--|--|
| Principal Place of Business<br>155 STATE ST<br>HACKENSACK NJ 07601<br>US  |  | Mailing Address<br>155 STATE ST<br>HACKENSACK NJ 07601<br>US                                     |  |
| 2. Principal Place of Business<br>21 SARASOTA OUTPATIENT MRI<br>1823 FLOYD STREET<br>Suite, Apt. #, etc.  |  | 2a. Mailing Address<br>26 C/O Medical Resources, Inc.<br>125 State Street<br>Suite, Apt. #, etc. |  |
| 22 2nd FLOOR<br>City & State<br>23 SARASOTA, FLORIDA  |  | 27 Suite 200 - Legal Dept.<br>City & State<br>28 Hackensack, New Jersey                          |  |
| 24 Zip 34239 Country USA  |  | 29 Zip 07601 Country USA   |  |
| 9. Name and Address of Current Registered Agent<br>UCC FILING & SEARCH SERVICES, INC.<br>526 EAST PARK AVENUE<br>SUITE 200<br>TALLAHASSEE FL 32301-2551 |  |  |  |

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90040 048 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

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

|   |   |  |               |
|---|---|--|---------------|
| 9. Name and Address of Current Registered Agent |   | 10. Name and Address of New Registered Agent |               |
| 81 Name   | 82 Street Address (P.O. Box Number is Not Acceptable) | 83   | 84 City<br>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

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (11/98)

|  |  |  |  |
|--|--|--|--|
| 12. OFFICERS AND DIRECTORS   |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| <p>TITLE DP<br/>NAME ALLEN, G H<br/>STREET ADDRESS 155 STATE ST<br/>CITY-ST-ZIP HACKENSACK NJ 07601</p> <p>TITLE VTS<br/>NAME WHYNOT, G A<br/>STREET ADDRESS 155 STATE ST<br/>CITY-ST-ZIP HACKENSACK NJ 07601</p> <p>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</p> <p>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</p> <p>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</p> <p>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</p> <p>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</p> |  | <p>1.1 TITLE D<br/>1.2 NAME Duane C. Montopoli<br/>1.3 STREET ADDRESS 125 State Street - Suite 200<br/>1.4 CITY-ST-ZIP Hackensack, New Jersey 07601</p> <p>2.1 TITLE DP<br/>2.2 NAME Michael J. Drumgoole<br/>2.3 STREET ADDRESS 125 State Street - Suite 200<br/>2.4 CITY-ST-ZIP Hackensack, New Jersey 07601</p> <p>3.1 TITLE VS<br/>3.2 NAME Christopher J. Joyce<br/>3.3 STREET ADDRESS 125 State Street - Suite 200<br/>3.4 CITY-ST-ZIP Hackensack, New Jersey 07601</p> <p>4.1 TITLE VT<br/>4.2 NAME Geoffrey A. Whynot<br/>4.3 STREET ADDRESS 125 State Street - Suite 200<br/>4.4 CITY-ST-ZIP Hackensack, New Jersey 07601</p> <p>5.1 TITLE<br/>5.2 NAME<br/>5.3 STREET ADDRESS<br/>5.4 CITY-ST-ZIP</p> <p>6.1 TITLE<br/>6.2 NAME<br/>6.3 STREET ADDRESS<br/>6.4 CITY-ST-ZIP</p> |  |
| <p><input checked="" type="checkbox"/> DELETE</p> <p><input checked="" type="checkbox"/> DELETE</p> <p><input type="checkbox"/> DELETE</p>  |  | <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>  |  |

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, with all other like empowered.

SIGNATURE: *Michael J. Drumgoole*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Drumgoole President

4-27-99 (201) 488-6230

Date

Daytime Phone #