


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90003 030 ***158.75

DOCUMENT # J01687 1. Entity Name MORGAN MEDICAL CORPORATION					
Principal Place of Business SARASOTA OUTPATIENT MRI 1843 FLOYD ST, 2ND FLOOR SARASOTA, FL 34239 US			Mailing Address C/O MEDICAL RESOURCES, INC 125 STATE ST, STE 200-LEGAL DEPT HACKENSACK, NJ 07601 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address c/o Medical Resources, Inc		
City & State			1455 Broad St., 4th FL, Legal Dept		
Zip			07003		
Country			US		
4. FEI Number 59-2666659			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	T MCCABE, DAVID M 125 STATE ST, STE 200 HACKENSACK, NJ 07601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T McCabe, David M. 1455 Broad Street, 4th Floor Bloomfield, NJ 07003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOYCE, CHRISTOPHER J 125 STATE ST, STE 200 HACKENSACK, NJ 07601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joyce, Christopher J. 1455 Broad Street, 4th Floor Bloomfield, NJ 07003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALLA, JOHN 125 STATE ST, STE 200 HACKENSACK, NJ 07601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Valla, John 1455 Broad Street, 4th Floor Bloomfield, NJ 07003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASKADON, MARY 125 STATE ST, STE 200 HACKENSACK, NJ 07601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Caskadon, Mary D. 1455 Broad Street, 4th Floor Bloomfield, NJ 07003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ADMAS, LYNN A 125 STATE ST., STE 200, LEGAL DEPT HACKENSACK, NJ 07601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Adams, Lynn A. 1455 Broad Street, 4th Floor Bloomfield, NJ 07003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____			Christopher J. Joyce 3-15-04 (973) 707-1100		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone *</small>		

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