

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90416 001 *3,333.75

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
1455 BROAD ST., 4TH FLOOR, LEGAL DEPT.
BLOOMFIELD, NJ 07003 US**

66012434



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2666659

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$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
1455 BROAD ST., 4TH FLOOR
BLOOMFIELD, NJ 07003**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
STRICKLAND, D. GORDON
1455 BROAD ST., 4TH FLOOR
BLOOMFIELD, NJ 07003**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
VALLA, JOHN
1455 BROAD ST., 4TH FLOOR
BLOOMFIELD, NJ 07003**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
CASKADON, MARY
1455 BROAD ST., 4TH FLOOR
BLOOMFIELD, NJ 07003**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**AS
ADMAS, LYNN A
1455 BROAD ST., 4TH FLOOR
BLOOMFIELD, NJ 07003**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**AS
Jerrold Shenkman
1455 Broad Street, 4th Floor
Bloomfield, NJ 07003**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

John Valla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Valla

4/24/06

Date

973-707-1100

Daytime Phone #