


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90029 004 \*\*\*150.00

<b>DOCUMENT # P96000089438</b> 1. Entity Name <b>MORGAN MEDICAL SERVICES, INC.</b>					
Principal Place of Business <b>402 WATERSIDE DRIVE MERRITT ISLAND, FL 32952</b>			Mailing Address <b>402 WATERSIDE DRIVE MERRITT ISLAND, FL 32952</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3417480</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JONES, RICHARD O 1250 W. EAU GALLIE BLVD. SUITE J MELBOURNE, FL 32935</b>			Name <b>Julli Morgan</b> Street Address (P.O. Box Number is Not Acceptable) <b>402 Waterside Dr.</b> City <b>Merritt Island</b> <b>FL</b> Zip Code <b>32952</b>		
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: <i>Julli A Morgan</i> <small>Signature, typed or printed name of registered agent, title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MORGAN, WILLIAM T 402 Waterside Dr. Merritt Island, FL 32952</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MORGAN, JULLI A 402 Waterside Dr Merritt Island, FL 32952</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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	
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	
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 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.					
<b>SIGNATURE:</b> <i>Julli A Morgan, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/30/06</b> <b>321 454-3104</b> <small>Date Daytime Phone #</small>		



ATTACHMENT 40093446

# Division of Corporations

## 2006 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P96000089438
Business Entity Name	MORGAN MEDICAL SERVICES, INC.
Original File Date	10/22/1996

FEI Number 59-3417480

Principal Address 402 WATERSIDE DRIVE  
MERRITT ISLAND, FL 32952

Mailing Address 402 WATERSIDE DRIVE  
MERRITT ISLAND, FL 32952

Registered Agent RICHARD O JONES  
1250 W. EAU GALLIE BLVD.  
SUITE J  
MELBOURNE, FL 32935 US

### Officer/Director Name And Address

STD  
WILLIAM T MORGAN  
107 N. TWIN LAKES BLVD.  
COCOA, FL 32926

PD  
JULLI A MORGAN  
107 N. TWIN LAKES BLVD.  
COCOA, FL 32926

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.