

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 09, 2007 08:00 AM
Secretary of State**

DOCUMENT # P96000089438

1. Entity Name
MORGAN MEDICAL SERVICES, INC.



Principal Place of Business
**402 WATERSIDE DRIVE
MERRITT ISLAND, FL 32952**

Mailing Address
**402 WATERSIDE DRIVE
MERRITT ISLAND, FL 32952**



05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3417480

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORGAN, JULLI
402 WATERSIDE DR.
MERRITT ISLAND, FL 32952**

**DO NOT WRITE
IN THIS SPACE**

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

U000000763416
05/30/07-80008-020 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MORGAN, WILLIAM T
402 WATERSIDE DR.
MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MORGAN, JULLI A
402 WATERSIDE DR
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Julli A Morgan President 5/1/07 321 454-3104