

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000089438

**Entity Name:** MORGAN MEDICAL SERVICES, INC.

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

402 WATERSIDE DRIVE  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

402 WATERSIDE DRIVE  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

FEI Number: 59-3417480      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: MORGAN, WILLIAM T  
Address: 402 WATERSIDE DR.  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: PD  
Name: MORGAN, JULLI A  
Address: 402 WATERSIDE DR  
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM MORGAN

D

03/19/2012

Electronic Signature of Signing Officer or Director

Date