


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91051 050 \*\*\*150.00

**DOCUMENT # P94000059547**

1. Entity Name  
**QUALITY IMAGING, INC.**



Principal Place of Business  
**15438 N FLORIDA AVE**  
**104**  
**TAMPA FL 33613**  
**US**

Mailing Address  
**P.O. BOX 17135**  
**TAMPA FL 33682**  
**US**

2. Principal Place of Business  
**16011 NORTH NEBRASKA**

3. Mailing Address  
 Suite, Apt. #, etc.  
**#107**

City & State  
**LUTZ, FL**

City & State

Zip  
**33549**

Country  
**HILLSBOROUGH**

Zip

Country



MOORE CR2E034 (11/03)

4. FEI Number **59-3264061**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FURLONG, RICHARD**  
**15438 N FLORIDA AVE #104**  
**TAMPA FL 33613**

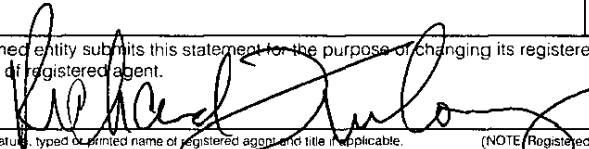
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**16011 NORTH NEBRASKA, #107**

City **LUTZ** State **FL** Zip Code **33549**

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  DATE **04-22-2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	BYRD, J. WM.	
STREET ADDRESS	1478 BRIAIROAKS TRAIL	
CITY-ST-ZIP	ATLANTA GA 30329	
TITLE	PS	<input type="checkbox"/> Delete
NAME	FURLONG, RICHARD	
STREET ADDRESS	1019 GUI SANDO DE AVILA	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of 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:  **RICHARD FURLONG** DATE **04-22-04** DAYTIME PHONE # **813-287-9996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR