

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90519 005 ***150.00

1/27/03 1 AV

DOCUMENT # **P94000059547**

1. Entity Name
QUALITY IMAGING, INC.



Principal Place of Business
**14620 N.NEBASKA AVE
TAMPA FL 33613
US**

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

90011546



2. Principal Place of Business

3. Mailing Address

15438 N. FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

City & State

City & State

4. FEI Number

59-3264061

Applied For

Not Applicable

Zip **33613**

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FURLONG, RICHARD
14620 N. NEBRASKA AVE
TAMPA FL 33613**

Name **RICHARD FURLONG**

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

15438 N. FLORIDA AVE, #104

City **TAMPA**

FL

Zip Code **33613**

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)

01/07/2003

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** Delete
NAME **BYRD, J. WM.**
STREET ADDRESS **1478 BRIAIROAKS TRAIL**
CITY-ST-ZIP **ATLANTA GA 30329**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PS** Delete
NAME **FURLONG, RICHARD**
STREET ADDRESS **345 BAYSHORE BLVD. #1207**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE Change Addition
NAME
STREET ADDRESS **1019 GUI SANDO DE AVILA**
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 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:

RICHARD FURLONG 01/07/2003 813-287-9996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)