

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90019 045 \*\*\*150.00

**DOCUMENT # P02000018200**

1. Entity Name  
**QUARRY RADIOLOGY P.A.**



Principal Place of Business Mailing Address  
**C/O JAMES M. QUIGLEY, M.D.** **C/O JAMES M. QUIGLEY, M.D.**  
**16223 VILLARREAL DE AVILA** **16223 VILLARREAL DE AVILA**  
**TAMPA, FL 33613** **TAMPA, FL 33613**

**94018756**



2. Principal Place of Business Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address Suite, Apt. #, etc.  
City & State  
Zip Country

02052004 Chg-P - CR2E034 (10/03)

4. FEI Number **01-0610162** Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**

**QUIGLEY, SANDIE**  
**16223 VILLARREAL DE AVILA**  
**TAMPA, FL 33613**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **QUIGLEY, JAMES M MD**  
CITY-ST-ZIP **16223 VILLAREAL DR AVILA**  
**TAMPA, FL 33613**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME **QUIGLEY (SPELLING)**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James M. Quigley M.D.*  
**JAMES M. QUIGLEY M.D.**

Date

Daytime Phone #

**2/17/04 813-962-7077**