

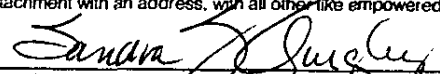


FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000095000 1. Entity Name JAMES M. QUIGLEY, MD, P.A.				Apr 28, 2008 08:00 Secretary of State	
Principal Place of Business 16223 VILLARREAL DE AVILA TAMPA, FL 33613		Mailing Address 16223 VILLARREAL DE AVILA TAMPA, FL 33613			
					
		04252008 No Chg-P CR2E034 (11/05)			
		4. FEI Number 20-1353568		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MILLS, FREDERICK J 1200 W. PLATT ST., SUITE 100 TAMPA, FL 33606					
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP		PSTD QUIGLEY, SANDRA J 16223 VILLARREAL DE AVILA TAMPA, FL 33613			
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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 title empowered.					
SIGNATURE: 		4/25/2008			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			