


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90007 042 \*\*\*150.00

DOCUMENT # P97000006382			
1. Entity Name LAURA A. QUIGLEY, PROFESSIONAL ASSOCIATION			
Principal Place of Business 200 E. ROBINSON STREET SUITE 500 ORLANDO, FL 32801		Mailing Address 200 E. ROBINSON STREET SUITE 500 ORLANDO, FL 32801	
2. Principal Place of Business 20 N. DRANGE AVE. Suite, Apt. #, etc. Suite 600 City & State Daland, FL Zip 32801 Country USA		3. Mailing Address 20 N. DRANGE AVE. Suite, Apt. #, etc. Suite 600 City & State Daland, FL Zip 32801 Country USA	
4. FEI Number 59-3421154		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 QUIGLEY, LAURA A ESQ. 200 E. ROBINSON STREET SUITE 500 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Quigley, Laura A. Esq. Street Address (P.O. Box Number is Not Acceptable) 20 N. Drange Ave. Suite 600 City Daland FL Zip Code 32801	
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 <u>Laura A. Quigley Esq.</u> <u>Laura A. Quigley Esq.</u> <u>2/16/04</u> <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when re-issuing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIGLEY, LAURA A ESQ. 200 E. ROBINSON STREET, SUITE 500 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIAGNOSTIC Quigley, Laura A. Esq. 20 N. Drange Ave. Suite 600 Daland, FL 32801 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Laura A. Quigley Esq.</u> <u>Laura A. Quigley Esq.</u> <u>2/16/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/16/04</u> 407-843-5880 <small>Custom Phone #</small>	

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