NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25462 (5)

1. Corporation Name

THE TGH FOUNDATION FOR RADIOLOGY AND NUCLEAR MEDICINE POST GRADUATE EDUCATION, INC.

Principal Place of Business

Tampa General Hospital
Radiological Services

Radiological Services Davis Island Mailing Address
Pat Vigo

Radiology Associates
511 W. Bay St. #301

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90084 025 ****70.00

Tampa, FL 33606	Tampa, FL 33606					
2. Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed			
21 Tampa General Hospital	26 Radiology Asso	ciates	3/17/88			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For		
22 Davis Island	27 511 w, Bay St.	#301	59-2883251	Not Applicable		
City & State 23 Tampa, FL	City & State 28 Tampa, FL		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
Zip Country 24 33606 25 USA	Zip Co	untry USA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
James J. Kennedy III, Esqu Buchanan Ingersoll PC, Atto	81 Name James J. Kennedy III, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) Buchanan Ingersoll PC					
Suite 2500			E. Jackson Street,	Suite 2500		
401 East Jackson Street Tampa, FL 33602		84 City Tamp	a	FL 85 Zip Code 33602		
 Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	Florida. Such change was authorize	d by the corporation	ration submits this statement for the o's board of directors. I hereby accep	purpose of changing its registered of the appointment as registered		
SIGNATURE	James	J. Kennedy	, III, Esq.			

SIGNATURE				edy, III, Esq.		
CICITATIONE	Signature, typed or printed name of registered agent and title if applicable	e. (NOTE: Re	gistered Agent signature re		DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTOR	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	Martinez, Carlos R.		1.2 NAME			
STREET ADDRESS	511 W. Bay St. Suite #301		1.3 STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33606		1.4 CITY-ST-ZIP			
TITLE	ָּהַת	DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	Black, Thomas J.		2.2 NAME			
STREET ADDRESS	511 W. Bay St. Suite #301		2.3 STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33606		2. 4 CITY-ST-ZIP			
TITLE	- D	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	Ötero, Raul R.		3.2 NAME			
STREET ADDRESS	511 $%$: 32 $%$ St. Suite #301		3.3 STREET ADDRESS			
CITY-ST-ZIP	Tampa; FL 33606		3.4. CITY-ST-ZIP			
TITLE	D	☐ DELETE	4,1 TITLE		Change	☐ Addition
NAME	Cates, James D.	i	4. 2 NAME			
STREET ADDRESS	511 W. Bay St. Suite #301		4.3 STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33606		4.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME	Fisher, Charles H.		5.2 NAME			
STREET ADDRESS	511 W. Bay St. Suite #301		5.3 STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33606		5.4 CITY-ST-ZIP			
TITLE	Tampa, FB 33000	DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14.1 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 annual report or supplemental annual 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 postee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles H. Fisher, Director

5/12/9 8)3-251-744
Daytime Phone #

R2E037 (11/98)