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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25462** (5)

1. Corporation Name

**THE TGH FOUNDATION FOR RADIOLOGY AND NUCLEAR MED
ICINE POST-GRADUATE EDUCATION, INC.**

Principal Place of Business *Michael N. Brown, Esq.* Mailing Address *Michael N. Brown, Esq.*
~~WALLACE B. ANDERSON, JR.~~ ~~WALLACE B. ANDERSON, JR.~~
101 E KENNEDY BLVD. #1240 101 E KENNEDY BLVD. #1240
TAMPA FL 33602 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/17/1988	3a. Date of Last Report 02/18/1994
4. FEI Number 59-2883251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State <i>SAME</i> 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State <i>SAME</i> 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <i>Michael N. Brown, Esq.</i> ANDERSON, WALLACE B. ALLEN, DELL, FRANK & TRINKLE 101 E. KENNEDY BLVD., S-1240 TAMPA FL 33602	10. Name and Address of New Registered Agent B1 Name <i>Michael N. Brown, Esq.</i> B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City <i>SAME</i> FL B5 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Michael N. Brown* DATE *2/23/95*

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTINEZ, CARLOS R. 6-C COLUMBIA DRIVE TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLACK, THOMAS J. 6-C COLUMBIA DRIVE TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OTERO, RAUL R. 6-C COLUMBIA DRIVE TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CATES, JAMES D. 6-C COLUMBIA DRIVE TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DREWRY, GARTH R. 6-C COLUMBIA DRIVE TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISHER, CHARLES H. 6-C COLUMBIA DRIVE TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 trustee 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.

SIGNATURE: *Charles H. Fisher M.D.* *Charles H. Fisher M.D.* DATE *2/21/95* 813-251-7770