


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N25462 (5)**

1. Corporation Name  
**THE TGH FOUNDATION FOR RADIOLOGY AND NUCLEAR MEDICINE POST-GRADUATE EDUCATION, INC.**

Principal Place of Business %BROWN, MIKE N. 101 E KENNEDY BLVD. #1240 TAMPA FL 33602 US	Mailing Address %BROWN, MICHAEL N. 101 E KENNEDY BLVD. #1240 TAMPA FL 33602 US
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3. Date Incorporated or Qualified  
**03/17/1988**

4. FEI Number  
**59-2883251**

Applied For	Not Applicable
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21. Principal Place of Business <b>401 E. Jackson Street</b> Suite, Apt. #, etc. <b>Suite 2500</b> City & State <b>Tampa, Florida</b> Zip <b>33602</b>	22. Mailing Address <b>401 E. Jackson Street</b> Suite, Apt. #, etc. <b>Suite 2500</b> City & State <b>Tampa, Florida</b> Zip <b>33602</b> Country <b>USA</b>
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5. Certificate of Status Desired  **\$6.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**BROWN, MICHAEL N.  
 ALLEN, DELL, FRANK & TRINKLE  
 101 E. KENNEDY BLVD., S-1240  
 TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name <b>James J. Kennedy, III</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>Buchanan Ingersoll PC</b>	
83 <b>401 E. Jackson Street, Suite 2500</b>	
84 City <b>Tampa</b>	85 Zip Code <b>FL 33602</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *James J. Kennedy, III* **James J. Kennedy, III** **1/8/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MARTINEZ, CARLOS R.</b>	
STREET ADDRESS <b>6-C COLUMBIA DRIVE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>BLACK, THOMAS J.</b>	
STREET ADDRESS <b>6-C COLUMBIA DRIVE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>OTERO, RAUL R.</b>	
STREET ADDRESS <b>6-C COLUMBIA DRIVE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>CATES, JAMES D.</b>	
STREET ADDRESS <b>6-C COLUMBIA DRIVE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>DREWRY, GARTH R.</b>	
STREET ADDRESS <b>6-C COLUMBIA DRIVE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>FISHER, CHARLES H.</b>	
STREET ADDRESS <b>6-C COLUMBIA DRIVE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	

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	<b>800002491538</b>
3.3 STREET ADDRESS	<b>-04/17/98--01002--011</b>
3.4 CITY-ST-ZIP	<b>***8.75</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>800002491538</b>
4.3 STREET ADDRESS	<b>-04/17/98--01002--000</b>
4.4 CITY-ST-ZIP	<b>***61.25</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>25</b>
5.3 STREET ADDRESS	<b>4.14</b>
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 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 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* **Charles H. Fisher** **3/18/98** **813-251-7444**