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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$6.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 401 E. Jackson Street Suite, Apt. #, etc. 22 Suite 2500 City & State 23 Tampa, Florida Zip 24 33602	2a. Mailing Address 26 401 E. Jackson Street Suite, Apt. #, etc. 27 Suite 2500 City & State 28 Tampa, Florida Zip 29 33602 Country 30 USA
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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 James J. Kennedy, III 82 Street Address (P.O. Box Number is Not Acceptable) Buchanan Ingersoll PC 83 401 E. Jackson Street, Suite 2500 84 City Tampa FL 85 Zip Code 33602
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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	D <input type="checkbox"/> DELETE
NAME	MARTINEZ, CARLOS R.
STREET ADDRESS	6-C COLUMBIA DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BLACK, THOMAS J.
STREET ADDRESS	6-C COLUMBIA DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	OTERO, RAUL R.
STREET ADDRESS	6-C COLUMBIA DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CATES, JAMES D.
STREET ADDRESS	6-C COLUMBIA DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DREWRY, GARTH R.
STREET ADDRESS	6-C COLUMBIA DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FISHER, CHARLES H.
STREET ADDRESS	6-C COLUMBIA DRIVE
CITY-ST-ZIP	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	800002491538
3.3 STREET ADDRESS	-04/17/98--01002--011
3.4 CITY-ST-ZIP	***8.75
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	800002491538
4.3 STREET ADDRESS	-04/17/98--01002--000
4.4 CITY-ST-ZIP	***61.25
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 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**