

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

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

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 Davis Island Tampa, FL 33606	Mailing Address Pat Vigo Radiology Associates 511 W. Bay St. #301 Tampa, FL 33606
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21 2. Principal Place of Business Tampa General Hospital Suite, Apt. #, etc.	26 2a. Mailing Address Radiology Associates Suite, Apt. #, etc.	3 3. Date Incorporated or Qualified 3/17/88
22 Davis Island City & State	27 511 w, Bay St. #301 City & State	4 4. FEI Number 59-2883251 Applied For Not Applicable
23 Tampa, FL Zip Country 33606 USA	28 Tampa, FL Zip Country 33606 USA	5 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 33606	29 33606	6 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent James J. Kennedy III, Esquire Buchanan Ingersoll PC, Attorneys Suite 2500 401 East Jackson Street Tampa, FL 33602	10. Name and Address of New Registered Agent 81 Name James J. Kennedy III, Esq. 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, Esq. DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE D NAME Martinez, Carlos R. STREET ADDRESS 511 W. Bay St. Suite #301 CITY-ST-ZIP Tampa, FL 33606	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE D NAME Black, Thomas J. STREET ADDRESS 511 W. Bay St. Suite #301 CITY-ST-ZIP Tampa, FL 33606	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE D NAME Otero, Raul R. STREET ADDRESS 511 W. Bay St. Suite #301 CITY-ST-ZIP Tampa, FL 33606	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE D NAME Cates, James D. STREET ADDRESS 511 W. Bay St. Suite #301 CITY-ST-ZIP Tampa, FL 33606	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE D NAME Fisher, Charles H. STREET ADDRESS 511 W. Bay St. Suite #301 CITY-ST-ZIP Tampa, FL 33606	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE D NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE: Charles H. Fisher **Charles H. Fisher, Director** Date 5/12/99 Daytime Phone # 813-251-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)