


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90247 036 ****61.25

DOCUMENT # N25462			
1. Entity Name THE TGH FOUNDATION FOR RADIOLOGY AND NUCLEAR MEDICINE POST-GRADUATE EDUCATION, INC.			
Principal Place of Business DAVIS ISLAND TAMPA, FL 33606 US		Mailing Address RADIOLOGY ASSOCIATES 511 W. BAY ST. #301 TAMPA, FL 33606 US	
2. Principal Place of Business		3. Mailing Address <i>Attn: Ommi Accts Dept</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>P.O. Box 30728</i>	
City & State		City & State <i>Tampa, FL</i>	
Zip	Country	Zip	Country
		<i>33606-3728</i>	<i>USA</i>
4. FEI Number 59-2883251		Applied For	Not Applicable
5...Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FISHER, CHARLES H RADIOLOGY ASSOCIATES OF TAMPA, P.A. 511 W. BAY ST., SUITE 301 TAMPA, FL 33606		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		FL	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, CARLOS R.	NAME	<i>P/D MARTINEZ, CARLOS R.</i>
STREET ADDRESS	511 W. BAY ST. SUITE #301	STREET ADDRESS	<i>511 W. BAY ST # 301</i>
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	<i>Tampa, FL 33606</i>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACK, THOMAS J.	NAME	<i>POKLEPOVIC, SERRA</i>
STREET ADDRESS	511 W. BAY ST. SUITE #301	STREET ADDRESS	<i>511 W. BAY ST # 301</i>
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	<i>Tampa, FL 33606</i>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OTERO, RAUL R.	NAME	<i>BAUMANN, Shelly P.</i>
STREET ADDRESS	511 W. BAY ST. SUITE #301	STREET ADDRESS	<i>511 W. Bay St # 301</i>
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	<i>TAMPA, FL 33606</i>
TITLE	D <input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, CHARLES H.	NAME	
STREET ADDRESS	511 W. BAY ST. SUITE #301	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____	