

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2008
Secretary of State**

DOCUMENT# N25462

Entity Name: THE TGH FOUNDATION FOR RADIOLOGY AND NUCLEAR MEDICINE POST-GRADUATE EDUCATION, INC.

Current Principal Place of Business:

DAVIS ISLAND
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

ATTN: OMNI ACETZ DEPT
P.O. BOX 30728
TAMPA, FL 336303728 US

New Mailing Address:

FEI Number: 59-2883251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, CHARLES H
RADIOLOGY ASSOCIATES OF TAMPA, P.A.
511 W. BAY ST., SUITE 301
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEZ, CARLOS R.,
Address: 511 W. BAY ST. SUITE #301
City-St-Zip: TAMPA, FL 33606

Title: SD () Delete
Name: BARAN, GREGG A
Address: 511 W BAY ST STE 301
City-St-Zip: TAMPA, FL 33606

Title: VD () Delete
Name: POKLEPOVIC, JERRY
Address: 511 W. BAY STREET, SUITE 301
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS R. MARTINEZ

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date