

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90050 023 \*\*\*\*61.25

00060907

DO NOT WRITE IN THIS SPACE

DOCUMENT # ~~2560~~ **N25462** ✓  
 1. Entity 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  
**RADIOLOGY ASSOCIATES  
 511 W. BAY ST., SUITE 301  
 TAMPA FL 33606**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

4. FEI Number  
**59-2883251**

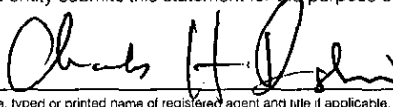
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. 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**

7. Name and Address of New Registered Agent  
 Name  
**CHARLES H. FISHER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**RADIOLOGY ASSOCIATES OF TAMPA, P.A.  
 511 W. BAY ST., SUITE 301**  
 City  
**TAMPA** FL Zip Code  
**33606**

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.

SIGNATURE  **CHARLES H. FISHER**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

**Make Check Payable to  
 Department of State**

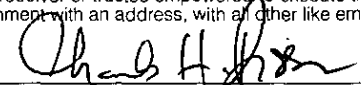
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, CARLOS R.	
STREET ADDRESS	511 W. BAY ST., SUITE 301	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, THOMAS J.	
STREET ADDRESS	511 W. BAY ST., SUITE 301	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	OTERO, RAUL R.	
STREET ADDRESS	511 W. BAY ST., SUITE 301	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	CATES, JAMES D.	
STREET ADDRESS	511 W. BAY ST., SUITE 301	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, CHARLES H.	
STREET ADDRESS	511 W. BAY ST., SUITE 301	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  **CHARLES H. FISHER, DIRECTOR** 813-251-7444

CR2E037 (9/99)