

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~2560~~ **N25462** ✓
 1. Entity Name
THE TGH FOUNDATION FOR RADIOLOGY AND NUCLEAR MEDICINE POST-GRADUATE EDUCATION, INC.

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

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

00060907

DO NOT WRITE IN THIS SPACE

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

Zip
 Country

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**

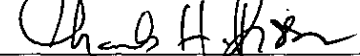
10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:  **CHARLES H. FISHER, DIRECTOR** **813-251-7444**

CR2E037 (9/99)