

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90027 047 ****61.25

DOCUMENT # N25462

1. Entity Name

THE TGH FOUNDATION FOR RADIOLOGY AND NUCLEAR MED

Principal Place of Business

Mailing Address

DAVIS ISLAND
 TAMPA FL 33606
 US

RADIOLOGY ASSOCIATES
 511 W. BAY ST. #301
 TAMPA FL 33606
 US

80053204



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2883251

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$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

FL

Zip Code

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date Daytime Phone #

CR2E037 (10/00)