


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90977 034 ****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
ATTN: OMNI ACETZ DEPT
P.O. BOX 30728
TAMPA, FL 33630-3728 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



04262005 Chg-NP CR2E037 (10/03)

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

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

7. Name and Address of New Registered Agent

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. 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, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<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	POKLEPOVIC, JERRY	
STREET ADDRESS	511 W. BAY ST. SUITE #301	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAUMANN, SHELLY P	
STREET ADDRESS	511 W. BAY ST., #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 Date 4-26-05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR