

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005518

FILED
Jan 21, 2004
Secretary of State**Entity Name:** MEDICAL CENTER RADIOLOGY GROUP EDUCATION AND PHILANTHROPIC FOUNDATION, INC.**Current Principal Place of Business:**20 W. KALEY ST.
ORLANDO, FL 32806**New Principal Place of Business:****Current Mailing Address:**20 W. KALEY ST.
ORLANDO, FL 32806**New Mailing Address:****FEI Number:** 59-3474420**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ANDRIOLE, JOSEPH G M.D.
20 W. KALEY ST.
ORLANDO, FL 32806 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:** DV () Delete
Name: CHIN, WEI-SHEN
Address: 20 W. KALEY ST.
City-St-Zip: ORLANDO, FL 32806**Title:** DT () Delete
Name: HARDING, DAVID R
Address: 20 W. KALEY ST.
City-St-Zip: ORLANDO, FL 32806**Title:** DS () Delete
Name: GREENBAUM, LENNARD D
Address: 20 W. KALEY ST.
City-St-Zip: ORLANDO, FL 32806**Title:** D () Delete
Name: CLAYMAN, ALLAN S
Address: 20 W. KALEY ST.
City-St-Zip: ORLANDO, FL 32806**Title:** DP () Delete
Name: ADRIOLE, JOSEPH
Address: 20 W. KALEY ST
City-St-Zip: ORLANDO, FL 32806**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
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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 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 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: JOSEPH G. ANDRIOLE

DR

01/21/2004

Electronic Signature of Signing Officer or Director

Date