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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:37

DOCUMENT # **766622** **(5)**

1. Corporation Name

SOUTHEASTERN NEURORADIOLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 21344 ATLANTA GA 30322-1001	P.O. BOX 21344 ATLANTA GA 30322-1001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1983
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2264992 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 SAME
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	DAVIS, PATRICIA C.	1.2 NAME	EGGERS, FRANK M.
STREET ADDRESS	1405 CLIFTON RD., N.E.	1.3 STREET ADDRESS	5498 Angela
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	MEMPHIS, TN 38120
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	EGGERS, FRANK M.	2.2 NAME	RICE, JOHN F.
STREET ADDRESS	5498 ANGELA	2.3 STREET ADDRESS	2405 GRETEN LANE
CITY-ST-ZIP	MEMPHIS TN	2.4 CITY-ST-ZIP	ANCHORAGE, KY 40223
TITLE	SD	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	STOKES, NORMAN	3.2 NAME	STOKES, NORMAN
STREET ADDRESS	121 GAVILAN AVENUE	3.3 STREET ADDRESS	121 GAVILAN AVENUE
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	CORAL GABLES, FL
TITLE	SD	4.1 TITLE	SD ☐ Change ☒ Addition
NAME	RICE, JOHN F	4.2 NAME	POST, M. JUDITH DONOVAN
STREET ADDRESS	2405 GRETEN LANE	4.3 STREET ADDRESS	DEPT. OF RADIOLOGY (R-109) N/A
CITY-ST-ZIP	ANCHORAGE KY 40223	4.4 CITY-ST-ZIP	P.O. Box 016960, Miami, FL 33101
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ JANUARY 27 1995 305-949-9523
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Norman Stokes, M.D.

0073101