SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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: 02/12/1996
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES, INC. 1201 HAYS ST. TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	VD	XX Change ☐ Addition
NAME	POST, M J DONOVAN		1.2 NAME	POST, M J DONOVAN	
STREET ADDRESS	DEPT OF RADIOLOGY (R-109) N/A		1.3 STREET ADDRESS	DEPT. OF RADIOLOGY	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DINA, THOMAS		2.2 NAME		
STREET ADDRESS	1162 21ST AVENUE SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	PD	XX 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	PD	XX DELETE	4.1 TITLE	SD	☐ Change XX Addition
NAME	RICE, JOHN F		4.2 NAME	ULLRICH, CHRISTOPHER	
STREET ADDRESS	2405 GRETEN LANE		4.3 STREET ADDRESS	2623 Lemon Tree Lane	
CITY-ST-ZIP	ANCHORAGE KY		4.4 CITY-ST-ZIP	Charlotte, NC 28211	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do 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 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 REQUIRED