

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION* ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766622** (5)
1. Corporation Name
SOUTHEASTERN NEURORADIOLOGICAL SOCIETY, INC.



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

Mailing Address
**P.O. BOX 21344
ATLANTA GA 30322-1001**

3. Date Incorporated or Qualified
01/20/1983

4. FEI Number
59-2264992

Applied For
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

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

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **POST, M J DONOVAN**
STREET ADDRESS **DEPT OF RADIOLOGY**
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **TD** ☐ DELETE
NAME **DINA, THOMAS**
STREET ADDRESS **1162 21ST AVENUE SOUTH**
CITY - ST - ZIP **NASHVILLE TN**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **PD** ☒ DELETE
NAME **STOKES, NORMAN**
STREET ADDRESS **121 GAVILAN AVENUE**
CITY - ST - ZIP **CORAL GABLES FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **TD**
3.3 STREET ADDRESS **HUDGINS, PATRICIA A.**
3.4 CITY - ST - ZIP **1364 Clifton Rd., N.E./Rm. B-115
Atlanta, GA 30322**

TITLE **SD** ☐ DELETE
NAME **ULLRICH, CHRISTOPHER**
STREET ADDRESS **2623 LEMON TREE LANE**
CITY - ST - ZIP **CHARLOTTE NC**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. 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 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:

2/3/98 (404) 712-4583

CR2E037 (10/97)