

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766622

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2264992

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUSSELL, WILLIAM 2500 NORTH STATE STREET JACKSON MS 39216	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DINA, THOMAS 1162 21ST AVENUE SOUTH NASHVILLE TN	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUDGINS, PATRICIA A. 1364 CLIFTON RD., NE/RM, B-115 ATLANTA GA 30322	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ULLRICH, CHRISTOPHER 2623 LEMON TREE LANE CHARLOTTE NC	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JENSEN, MARY E LEE ST. ROOM 1815 BOX 170 CHARLOTTESVILLE VA 22908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lewis, Van L. 1201 Ivy Street, SE Roanoke, VA 24014	☐ Change ☒ Addition

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:

PATRICIA A. Hudgins, MD Pres. 2/10/01 (464) 712-4582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90251 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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