

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766622

FILED
Jan 09, 2004
Secretary of State**Entity Name:** SOUTHEASTERN NEURORADIOLOGICAL SOCIETY, INC.**Current Principal Place of Business:**P.O. BOX 21344
ATLANTA, GA 303221001**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 21344
ATLANTA, GA 303221001**New Mailing Address:****FEI Number:** 59-2264992**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301 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: P () Delete
Name: JENSEN, MARY E
Address: LEE ST. ROOM 1815 BOX 170
City-St-Zip: CHARLOTTESVILLE, VA 22908

Title: V () Delete
Name: LEWIS, VAN L
Address: 1201 IVY STREET, SE
City-St-Zip: ROANOKE, VA 24014

Title: TD () Delete
Name: LARSON, THEODORE C III
Address: 836 OVERTON CT
City-St-Zip: NASHVILLE, TN 37220

Title: S () Delete
Name: MATSUMOTO, JULIE
Address: DEPT. OF RADIOL. BOX 800170
City-St-Zip: CHARLOTTESVILLE, VA 22908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEWIS, VAN L
Address: 1201 IVY STREET, SE
City-St-Zip: ROANOKE, VA 24104

Title: VP (X) Change () Addition
Name: LARSON, THEODORE C
Address: 836 OVERTON CT.
City-St-Zip: NASHVILLE, TN 37220

Title: S (X) Change () Addition
Name: RUIZ, ARMANDO
Address: 10915 SW 87TH AVENUE
City-St-Zip: MIAMI, FL 33176

Title: T (X) Change () Addition
Name: PHILLIPS, C. D
Address: 4630 MOCKERNUT LANE
City-St-Zip: EARLYSVILLE, VA 22936

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: C. DOUGLAS PHILLIPS, M.D.

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01/09/2004

Electronic Signature of Signing Officer or Director

Date