

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766622

FILED
Jan 04, 2006
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:

2775 JASMINE CT, NE
ATLANTA, GA 30345

Current Mailing Address:

P.O. BOX 21344
ATLANTA, GA 303221001

New Mailing Address:

2775 JASMINE CT., NE
ATLANTA, GA 30345

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: LARSON, THEODORE C
Address: 836 OVERTON CT.
City-St-Zip: NASHVILLE, TN 37220

Title: VP () Delete
Name: RUIZ, ARMANDO
Address: 10915 SW 87TH AVENUE
City-St-Zip: MIAMI, FL 33176

Title: S () Delete
Name: FOSTER, RICHARD W
Address: 3053 WEST STATE STREET
City-St-Zip: BRISTOL, TN 37620

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SNOW, RUTH
Address: 3511 THORNHILL DRIVE
City-St-Zip: BIRMINGHAM, AL 35243

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: FRANCINE L. HOLLOWELL

ED

01/04/2006

Electronic Signature of Signing Officer or Director

Date