2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 766622

Entity Name: SOUTHEASTERN NEURORADIOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

2775 JASMINE CT, NE
ATLANTA, GA 30345

New Principal Place of Business:

Current Mailing Address:

2775 JASMINE CT., NE
ATLANTA, GA 30345

New Mailing Address:

2775 JASMINE CT, NE
ATLANTA, GA 30345

FEI Number: 59-2264942 **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: FOSTER, RICHARD W MD
Address: 3053 WEST STATE STREET
City-St-Zip: BRISTOL, TN 37620

Title: VP ( ) Delete
Name: SNOW, RUTH D MD
Address: 3511 THORNHILL DRIVE
City-St-Zip: BIRMINGHAM, AL 35243

Title: S ( ) Delete
Name: FOUNTAIN, JR., A J MD
Address: 1743 WILSON'S CROSSING DRIVE
City-St-Zip: DECATUR, GA 30033

Title: T ( ) Delete
Name: WAGNER, ANDREW L MD
Address: 370-S NEFF AVENUE
City-St-Zip: HARRISONBURG, VA 22801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: FOUNTAIN, ARTHUR J MD
Address: 1743 WILSON'S CROSSING DRIVE
City-St-Zip: ATLANTA, GA 30033

Title: S (X) Change ( ) Addition
Name: HELTON, KATHLEEN J MD
Address: 7857 SIWARD COVE
City-St-Zip: GERMANTOWN, TN 38138

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

I hereby certify that the information supplied with this filing does not qualify 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: ARTHUR JACKSON FOUNTAIN, JR., M.D. VP 01/14/2009

Electronic Signature of Signing Officer or Director — Date