2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2012
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:

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
Name: HELTON, KATHLEEN J MD
Address: 9840 LAUREL KNOLL LANE
City-St-Zip: GERMANTOWN, TN 38139

Title: VP
Name: LAINE, FRED J MD
Address: 12005 VALLEYBROOK DRIVE
City-St-Zip: RICHMOND, VA 23233

Title: S
Name: CREASY, JEFF
Address: 1161 21ST AVE., SOUTH
City-St-Zip: NASHVILLE, TN 37232

Title: T
Name: HOLDER, CHAD A MD
Address: 1364 CLIFTON ROAD, NE/BG-20
City-St-Zip: ATLANTA, GA 30322

I hereby 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 all other like empowered.

SIGNATURE: CHAD A. HOLDER, M.D. T 01/10/2012

Electronic Signature of Signing Officer or Director Date