2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766622

1. Entity Name

SOUTHEASTERN NEURORADIOLOGICAL SOCIETY, INC.

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		Mailing Address	Mailing Address P.O. BOX 21344			n e par eg er grin e.		
-0. BUX 21344 ATLANTA GA 30322-1001		ATLANTA GA 30322-1001						
2. Principal F	Place of Business	3. Mailing Address						
					r sedist team aver	. 61118 81119 11919 1181		10(1 0141) 102(
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4	I. FEI Number 59-	2264992		Applied For Not Applicable
Zip	Country	Zip	Country	5	5. Certificate of Stat	tus Desired	□ \$8.75 A	
	6. Name and Address of Current	Registered Agent		. 7	. Name and Addre	ess of New Regis		
and the second s			Name	Name				
CORPOR	RATION INFORMATION SERVICES, LYS ST.	INC.	Street A	ddress (P.O	. Box Number is No	ot Acceptable)		
TALLAHA	ASSEE FL 32301							
			City				FL Zip Co	de
	e named entity submits this statement f	or the purpose of changing its	registered office of	r registered	agent, or both, in th	e State of Florida	a. I am familiar with	, and accept
the obliga	tions of registered agent.							
SIGNATURE	.*					,		
-	Signature, typed or printed name of registered agen	t and title if applicable. (NOT)	E: Registered Agent signat	ture required whe	en reinstating)		DATE	
*						" 		
	FILE NOW: FEE IS \$61.25 tember 10, 2003, min will be \$3	1	npaign Financing Contribution.	□ \$5	5.00 May Be ided to Fees		Check Payable Department of	
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	OFFICERS(AND D	DECTOR			DITIONS (OLIANOS)			
10.	OFFICERS'AND D		11.		DITIONS/CHANGES		AND DIRECTORS	N 10
TITLÉ	PD RUSSELL, WILLIAM	RECTORS Delete	11. TITLE NAME		DITIONS/CHANGES			
TITLE NAME STREET ADDRESS	PD RUSSELL, WILLIAM 2500 NORTH STATE STREET		TITLE NAME STREET ADDRESS		DITIONS/CHANGES		AND DIRECTORS	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSELL, WILLIAM 2500 NORTH STATE STREET JACKSON MS 39216	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADO	DITIONS/CHANGES		AND DIRECTORS	N 10 Addition
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12. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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FILED

Aug 18, 2003 8:00 am Secretary of State

08-18-2003 90172 001 ****61.25

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