

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740307

**Entity Name:** FLORIDA RADIOLOGICAL SOCIETY, INC.

**FILED**  
**Apr 07, 2016**  
**Secretary of State**  
**CC4641752606**

**Current Principal Place of Business:**

5620 W SLIGH AVENUE  
ATTN: FRS  
TAMPA, FL 33634

**Current Mailing Address:**

5620 W SLIGH AVENUE  
ATTN: FRS  
TAMPA, FL 33634 US

**FEI Number: 59-1768007**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EDUCATIONAL SYMPOSIA, LLC  
5620 W SLIGH AVENUE  
ATTN: FRS  
TAMPA, FL 33634 US

*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

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name HUNTER, STEPHEN A  
Address 5620 W SLIGH AVENUE  
City-State-Zip: TAMPA FL 33634

Title SECRETARY  
Name DEPRIMA, STEVEN  
Address 5620 W. SLIGH AVE., ATTN: FRS  
City-State-Zip: TAMPA FL 33634

Title PRESIDENT  
Name STONE, JEFFREY  
Address 5620 W SLIGH AVENUE  
ATTN: FRS  
City-State-Zip: TAMPA FL 33634

Title VP  
Name HATTON, B. NICHOLAS  
Address 5620 W SLIGH AVENUE  
ATTN: FRS  
City-State-Zip: TAMPA FL 33634

Title TREASURER  
Name EBER, DARYL  
Address 5620 W. SLIGH AVE  
City-State-Zip: TAMPA FL 33634

*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: STEPHEN HUNTER**

**EXECUTIVE DIRECTOR**

**04/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date