2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2020
Secretary of State
8987480598CC

DOCUMENT# 766622

Entity Name: SOUTHEASTERN NEURORADIOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

800 ENTERPRISE DRIVE
SUITE 205
OAK BROOK, IL 60523-1216

Current Mailing Address:

800 ENTERPRISE DRIVE
SUITE 205
OAK BROOK, IL 60523-1216 US

FEI Number: 59-2264942

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CORPORATION SERVICE COMPANY 03/18/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	GRAY-LEITHE, LINDA DR.
Address	3325 GRANDVILLE DRIVE
City-State-Zip:	RALEIGH NC 27609

Title	VP
Name	SAINDANE, AMIT DR.
Address	340 WINNONA DR.
City-State-Zip:	DECATUR GA 30030

Title	SECRETARY
Name	SULLIVAN, JOE DR.
Address	3681 VESTCREEK COVE
City-State-Zip:	BIRMINGHAM AL 35243

Title	TREASURER
Name	MURTAGH, RYAN DR.
Address	2526 EDGEWOOD RD
City-State-Zip:	TAMPA FL 33609

Title	DIRECTOR OF OPERATIONS
Name	OLSON, KRISTI
Address	800 ENTERPRISE DRIVE SUITE 205
City-State-Zip:	OAK BROOK IL 60523-1216

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: KRISTI OLSON DIRECTOR OF OPERATIONS 03/18/2020

Electronic Signature of Signing Officer/Director Detail — Date