2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2017
Secretary of State
CC1287637692

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 INFORMATION SERVICES, INC.
1201 HAYS ST.
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	MILLER, DAVID A DR.	Name	BRODERICK, DANIEL DR.
Address	101 ROSE PLACE	Address	3618 1ST STREET
City-State-Zip:	NEPTUNE BEACH FL 32266	City-State-Zip:	JACKSONVILLE FL 32250
Title	SECRETARY	Title	TREASURER
Name	GRAY, LINDA DR.	Name	BENNETT, JEFFREY DR.
Address	3325 GRANDVILLE DRIVE	Address	9201 SW 31ST PLACE
City-State-Zip:	RALEIGH NC 27609	City-State-Zip:	GAINESVILLE FL 32608

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: DAVID A. MILLER, M.D. BUSINESS MANAGER 01/16/2017

Electronic Signature of Signing Officer/Director Detail — Date