2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2015
Secretary of State
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Entity Name: SOUTHEASTERN NEURORADIOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

2775 JASMINE CT, NE
ATLANTA, GA 30345

Current Mailing Address:

2775 JASMINE CT, NE
ATLANTA, GA 30345

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	P
Name	HOLDER, CHAD A DR.
Address	EMORY UNIVERSITY HOSPITAL/DEPT. OF RADIOLOGY 1364 CLIFTON ROAD, NE BG-20
City-State-Zip:	ATLANTA GA 30322

Title	T.
Name	MILLER, DAVID A. DR.
Address	101 ROSE PLACE
City-State-Zip:	NEPTUNE BEACH FL 32266

Title	VP
Name	SCHMALFUSS, ILONA DR.
Address	3119 NW 57TH TERRACE
City-State-Zip:	GAINESVILLE FL 32606

Title	SECRETARY
Name	BRODERICK, DANIEL F. DR.
Address	MAYO CLINIC FLORIDA DIAGNOSTICRADIOLOGY 4500 SAN PABLO ROAD
City-State-Zip:	JACKSONVILLE FL 32224

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. PRESIDENT 01/11/2015

Electronic Signature of Signing Officer/Director Detail — Date