2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2022
Secretary of State
1945787084CC

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Entity Name: SOUTHEASTERN NEURORADIOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

820 JORIE BLVD
SUITE 300
OAK BROOK, IL 60523-1216

Current Mailing Address:

820 JORIE BLVD
SUITE 300
OAK BROOK, IL 60523-1216 US

FEI Number: 59-2264942

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIDDLEBROOKS, ERIK H. DR.
12226 CULLEN COURT
JACKSONVILLE, FL 32224 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: ERIK MIDDLEBROOKS 03/21/2022

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY
Name	MIDDLEBROOKS, ERIK DR.
Address	12226 CULLEN CT
City-State-Zip:	JACKSONVILLE FL 32224

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

Title	DIRECTOR OF OPERATIONS
Name	OLSON, KRISTI
Address	820 JORIE BLVD SUITE 300
City-State-Zip:	OAK BROOK IL 60523-1216

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

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

Title	TREASURER
Name	MUKHERJEE, SUGOTO
Address	1746 WARBLER WAY
City-State-Zip:	CHARLOTTESVILLE VA 22903-7954

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 03/21/2022

Electronic Signature of Signing Officer/Director Detail — Date