

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010774

**Entity Name:** SOCIETY OF BIOLOGICAL PSYCHIATRY, INC.**Current Principal Place of Business:**4500 SAN PABLO RD., STE 310  
JACKSONVILLE, FL 32224**Current Mailing Address:**4500 SAN PABLO RD., STE 310  
JACKSONVILLE, FL 32224**FEI Number: 95-6047922****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CRAWFORD, JOHN R  
1200 RIVERPLACE BLVD., STE 800  
JACKSONVILLE, FL 32207 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	D
Name	KALIN, NED
Address	6001 RESEARCH PARK BLVD.
City-State-Zip:	MADISON WI 53719-1176

Title	D
Name	SUNDERLAND, TREY
Address	4718 CUMBERLAND AVENUE
City-State-Zip:	CHEVY CHASE MD 20815

Title	D
Name	MANJI, HUSSEINI K
Address	1125 TRENTON HARBOURTON RD
City-State-Zip:	TITUSVILLE NJ 08560

Title	D
Name	STRAKOWSKI, STEPHEN M
Address	260 STATSON, STE 3200, P.O. BOX 670559
City-State-Zip:	CINCINNATI OH 45219

Title	D
Name	RICHELSON, ELLIOTT
Address	4500 SAN PABLO RD., BIRDSALL 310
City-State-Zip:	JACKSONVILLE FL 32244

Title	D
Name	MAYBERG, HELEN
Address	101 WOODRUFF CIRCLE/WMB 4313
City-State-Zip:	ATLANTA GA 30322

*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: TREY SUNDERLAND, MD****EXECUTIVE SECRETARY 04/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date