

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000010774

Entity Name: SOCIETY OF BIOLOGICAL PSYCHIATRY, INC.**Current Principal Place of Business:**5034A THOROUGHbred LANE
BRENTWOOD, TN 37027**Current Mailing Address:**5034A THOROUGHbred LANE
BRENTWOOD, TN 37027 US**FEI Number: 95-6047922****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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	SUNDERLAND, M.D., TREY
Address	5335 WISCONSIN AVE NW SUITE 440
City-State-Zip:	WASHINGTON DC 20015

Title	MEMBER
Name	LEWIS, DAVID A
Address	5034A THOROUGHbred LANE
City-State-Zip:	BRENTWOOD TN 37027

Title	PRESIDENT
Name	PHILLIPS, M.D., MARY L
Address	121 MEYRAN AVE LOEFFLER BUILDING ROOM 305
City-State-Zip:	PITTSBURGH PA 15213

Title	MEMBER
Name	BERMAN, KAREN F MD
Address	9000 ROCKVILLE PIKE, BLDG. 10 ROOM 3C103A
City-State-Zip:	BETHESDA MD 20892

Title	MEMBER
Name	PHILLIPS, MARY LOUISE MD
Address	121 MEYRAN AVENUE ROOM 305 LOEFFLER BUILDING
City-State-Zip:	PITTSBURGH PA 15213

Title	SECRETARY
Name	RAUCH MD, SCOTT L
Address	5034A THOROUGHbred LANE
City-State-Zip:	BRENTWOOD TN 37027

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: SCOTT L. RAUCH MD**SECRETARY****05/01/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date