

**2017 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 PRESIDENT ELECT  
Name TAMMINGA, CAROL  
Address 4500 SAN PABLO RD., STE 310  
City-State-Zip: JACKSONVILLE FL 32224

Title COUNCILOR  
Name CSERNANSKY, JOHN  
Address 4500 SAN PABLO RD., STE 310  
City-State-Zip: JACKSONVILLE FL 32224

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 PRESIDENT  
Name RESSLER, KERRY  
Address 4500 SAN PABLO RD., STE 310  
City-State-Zip: JACKSONVILLE FL 32224

Title COUNCILOR  
Name BERMAN, KAREN  
Address 4500 SAN PABLO RD., STE 310  
City-State-Zip: JACKSONVILLE FL 32224

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*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:** PETERSON, MARGARET (MAGGIE)**EXECUTIVE DIRECTOR****02/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title COUNCILOR  
Name PHILLIPS, MARY  
Address 4500 SAN PABLO RD., STE 310  
City-State-Zip: JACKSONVILLE FL 32224

Title EXECUTIVE DIRECTOR  
Name PETERSON, MARGARET (MAGGIE)  
Address 4500 SAN PABLO RD., STE 310  
City-State-Zip: JACKSONVILLE FL 32224

Title COUNCILOR  
Name RAUCH, SCOTT  
Address 4500 SAN PABLO RD., STE 310  
City-State-Zip: JACKSONVILLE FL 32224

Title COUNCILOR  
Name FORD, JUDITH  
Address 4500 SAN PABLO RD., STE 310  
City-State-Zip: JACKSONVILLE FL 32224

Title COUNCILOR  
Name PINE, DANIEL  
Address 4500 SAN PABLO RD., STE 310  
City-State-Zip: JACKSONVILLE FL 32224