

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 MEMBER
Name KALIN, M.D., NED H
Address 6001 RESEARCH PARK BLVD.
City-State-Zip: MADISON WI 53719

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

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

Title MEMBER
Name CARTER MD, CAMERON STUART
Address 4701 X STREET
UC DAVIS IMAGING RESEARCH
CENTER
City-State-Zip: SACRAMENTO CA 95817

Title MEMBER
Name STRAKOWSKI, M.D., STEPHEN M
Address 1501 RED RIVER
HLB 5.106B
City-State-Zip: AUSTIN TX 78712

Title MEMBER
Name TAMMINGA, M.D., CAROL A
Address 5323 HARRY HINES BLVD.
NE5.110F, MC-9127
City-State-Zip: DALLAS TX 75390

Title JUNIOR COUNCILOR
Name MORROW M.D., PH.D., JONATHAN
DAVID
Address 109 ZINA PITCHER PL
4250 PLYMOUTH RD BSRB ROOM
5047
City-State-Zip: ANN ARBOR MI 48109

Title MEMBER
Name BEARDEN, PH.D., CARRIE E
Address A7-460 SEMEL INSTITUTE, UCLA
City-State-Zip: LOS ANGELES CA 90095

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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: SCOTT L. RAUCH, M.D.

SECRETARY

04/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MEMBER
Name KRYSTAL, M.D., JOHN H
Address 300 GEORGE ST
SUITE 901
City-State-Zip: NEW HAVEN CT 06511

Title SECRETARY
Name RAUCH, M.D., SCOTT L
Address 115 MILL STREET
City-State-Zip: BELMONT MA 02478

Title PRESIDENT-ELECT
Name LEWIS, M.D. , DAVID A
Address 3811 O'HARA STREET
SUITE 200
City-State-Zip: PITTSBURGH PA 15213

Title MEMBER
Name DELIGIANNIDIS, M.D., KRISTINA M
Address 75-59 263RD STREET PRA-12
City-State-Zip: GLEN OAKS NY 11004

Title MEMBER
Name RESSLER, M.D., PH.D., KERRY J
Address 115 MILL STREET, OAKS BUILDING
104B
MAILSTOP 212
City-State-Zip: BELMONT MA 02478

Title MEMBER
Name HOLTZHEIMER, M.D., PAUL E
Address 215 N. MAIN ST.
BLDG 65 (NCPTSD) / 116D
City-State-Zip: WHITE RIVER JUNCTION VT 05009

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

Title JUNIOR COUNCILOR
Name SINGH, DR., MANPREET K
Address 2391 BRANNER DRIVE
City-State-Zip: MENLO PARK CA 94025