

**2020 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	D
Name	KALIN MD, NED H
Address	6001 RESEARCH PARK BLVD.
City-State-Zip:	MADISON WI 53719-1176

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

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

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

Title	D
Name	STRAKOWSKI MD, STEPHEN M
Address	1701 TRINITY ST HDB 5.810
City-State-Zip:	AUSTIN TX 78712

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

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

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

**Continues on page 2**

*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****04/06/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KRYSTAL MD, JOHN H  
Address 300 GEORGE ST  
SUITE 901  
City-State-Zip: NEW HAVEN CT 06511

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

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

Title DIRECTOR  
Name HOLTZHEIMER MD, PAUL E  
Address 215 N. MAIN ST.,  
City-State-Zip: WHITE RIVER JUNCTION VT 05009