2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000010774

Entity Name: SOCIETY OF BIOLOGICAL PSYCHIATRY, INC.

FILED
Apr 06, 2016
Secretary of State
CC1159641733

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 Title D

Name KALIN, NED Name STRAKOWSKI, STEPHEN M

Address 6001 RESEARCH PARK BLVD. Address 260 STATSON, STE 3200, P.O. BOX

670559

PRESIDENT

RESSLER, KERRY

City-State-Zip: MADISON WI 53719-1176

City-State-Zip: CINCINNATI OH 45219

Title D

Title
Name SUNDERLAND, TREY

Address 4718 CUMBERLAND AVENUE Name RICHELSON, ELLIOTT

Address 4500 SAN PABLO RD., BIRDSALL 310
City-State-Zip: CHEVY CHASE MD 20815

Title

Name

City-State-Zip: JACKSONVILLE FL 32244

Title COUNCILOR

Name MAYBERG, HELEN

Address 101 WOODRUFF CIRCLE/WMB 4313 Address 4500 SAN PABLO RD., STE 310

City-State-Zip: ATLANTA GA 30322 City-State-Zip: JACKSONVILLE FL 32224

Title COUNCILOR Title COUNCILOR

Name CSERNANSKY, JOHN Name WEISSMAN, MYRNA

Address 4500 SAN PABLO RD., STE 310 Address 4500 SAN PABLO RD., STE 310

City-State-Zip: JACKSONVILLE FL 32224 City-State-Zip: JACKSONVILLE FL 32224

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: MARGARET (MAGGIE) PETERSON

EXECUTIVE DIRECTOR

04/06/2016

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 FORD, JUDITH

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