

**2019 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, NED  
Address 6001 RESEARCH PARK BLVD.  
City-State-Zip: MADISON WI 53719-1176

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

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

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 D  
Name STRAKOWSKI, 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 PRESIDENT  
Name PHILLIPS MD, MARY L  
Address 121 MEYRAN AVE,BUILDING 121,  
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

**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****04/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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 CSERNANSKY MD, JOHN G  
Address 446 E. ONTARIO STREET  
SUITE 7-200  
City-State-Zip: CHICAGO IL 60611

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