

2018 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 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: KERRY RESSLER**PRESIDENT****02/01/2018**

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