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Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

| SUBJECT: Society of Radiologists in Whasquad Inc. Name of Corporation - must include suffix | | | | |
|---|--|--|--|--|
| Dear Sir or Madam: | | | | |
| The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| PATTY READLEMAN Name of Person | | | | |
| Educational Symposia LLC Firm/Company | | | | |
| | | | | |
| 5620 W. SLIGH AVE. | | | | |
| TAMPA FL 33634 City/State and Zip Code | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Patty Rendleman at (813) 484 - 1964 Name of Person Area Code Daytime Telephone Number | | | | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{cccccccccccccccccccccccccccccccccccc | | | | |

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

| (If name unavai | lable in Florida, enter altern | ate corporate name ado | pted for the purpose | of transacting business | in Florida) |
|--|---|----------------------------|--------------------------|-------------------------------|---------------------|
| (State or coun | try under the law of which it | 3 | 54 - 1609 | O I I | |
| | 5 / 1993 ate of Incorporation) | • | • | , | |
| | | | | | |
| (Date first conflu | 1/2023 cted affairs in Florida if prior | to registration. See secti | ons 617.1501 & 617. | 1502, F.S, to determine | penalty liability.) |
| 562 | 0 W 7 7 10-H | Principal office st | reet address) | 53634 | <u></u> |
| | | (Current modern addr | | | |
| | | (Current mailing addr | | | m3 |
| The Adyana (Purpose(s) of co | et address of Florida regis | ne state or country to be | e carried out in the st | the specially ate of Florida) | efichtersoone |
| Name and street | et address of Florida regis | stered agent: (P.O. Bo | ox <u>NOT</u> acceptable |) optimize the p | 14 medica of ulle. |
| Name: _ | Education | ial Sympa | isia LLC | <i>0</i> 3 | interest : |
| ffice Address: _ | 5620 W. SCIGH | AVE | <u> </u> | | ∴ · ; |
| _ | Thuca (City) | F | Florida <u>33634</u> | E. C. J. | a. |
| | (City) | | (2 | p Code) | |
| 0. Registered : | agent's acceptance: ned as registered agent a | nd to accept service o | t as revistered ave | nt and agree to act is | n this canacity - I |
| esignatea in tai: orther agree to c | s application, I hereby accomply with the provision r with and accept the obli- | se of all statutes rela | live to the neoner o | nd complete perform | nance of my duties, |

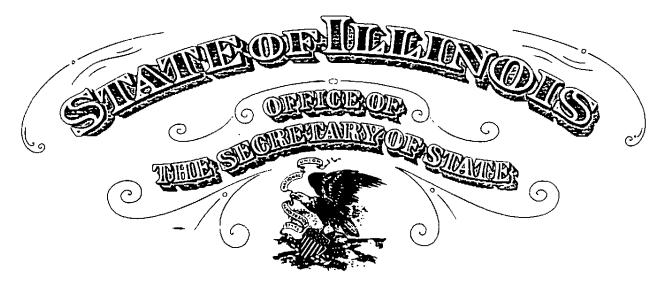
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

| A. DIRECTOR | RS | | |
|-------------------|--|---|--|
| □Chairman | Name: MARY FRATES | □ Chairman | Name: USLENA GABRIEL |
| □Vice Chairman | Address: 5620 W. JLIGHAVE | □Vice Chairman | Address: <u>5620 W. SCICH AVE.</u> |
| □Director | TAMPA, FL 33634 | □Director | TAMPA FL 33634 |
| 54President | | □President | |
| □Vice President | | □Vice President | |
| Secretary | □Treasurer | Secretary | Treasurer |
| Other: | ☐ Other: | □Other: | □Other: |
| □Chairman | Name: NiRViKAR Dahiya | □ Chairman | Name: LETTY CARROLL |
| □Vice Chairman | Address: 56 Zo W. SLIGH A VE | □Vice Chairman | Address: 5620 U- SLIGH AV |
| □Director | TAMPA FC 33634 | □Director | TAMPA FL 33634 |
| □President | | □President | |
| | | □Vice President | |
| ☐ Secretary | Treasurer | ☐ Secretary | 1 Treasurer |
| □Other: | Other: | ☑Other: £x£C | BIRECTIC Other: |
| | | | est : |
| □Chairman | Name: MARY E. LOCKHART | □Chairman | Name: |
| □Vice Chairman | Address: 56 Zo U. JUGH AVE | □Vice Chairman | Address: |
| □Director | TAMPA FL 33634 | □Director | |
| □President | | □President | |
| □Vice President | | □Vice President | |
| ☐Secretary | A Treasurer | ☐ Secretary | □Treasurer |
| □Other: | Other: | □Other: | □Other: |
| Non-indexed indiv | t Notice: Use an attachment to report more than six viduals may be added to the index when filing your (Signature of Chairman, Vice Chairman, or any off | Florida Department of Control of | of State Annual Report form. 12 of the application) |
| 14. | (Tuned or private the and constitutions | Executiv | E d, A & c. Fo. |

File Number

5719-910-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of

Business Services. I certify that

SOCIETY OF RADIOLOGISTS IN ULTRASOUND, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 25, 1993, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of JANUARY A.D. 2023 .

Authentication #: 2300501994 verifiable until 01/05/2024

Authenticate at: https://www.ilsos.gov

Desse White

SECRETARY OF STATE



January 30, 2023

PATTY RENDLEMAN 5620 W SLIGH AVE TAMPA, FL 33634 US

SUBJECT: SOCIETY OF RADIOLOGISTS IN ULTRASOUND FOUNDATION

Ref. Number: W23000012077

We have received your document for SOCIETY OF RADIOLOGISTS IN ULTRASOUND FOUNDATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The document must contain both the street address of the principal office and the mailing address of the entity.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 323A00002220

RECEIVED