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S. FRANKLIN

FEB 16 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** International Society for the Advancement of Clinical Magnetoencephalography, 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 Rendleman

Name of Person

Educational Symposia, LLC

Firm/Company

5620 W. Sligh Ave.

Address

Tampa, FL 33634

City/State and Zip Code

pdrendleman@edusymp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patty Rendleman

Name of Person

at ( 813 )

Area Code

806-1000

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**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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:*

1. International Society for the Advancement of Clinical Magnetoencephalography, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PA 3. 26-0701667  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/10/2007 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 01/01/2023  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 5620 W. Sligh Ave., Tampa, FL 33634  
(Principal office street address)

(Current mailing address, if different)

8. To advance clinical applications of magnetoencephalography, as accomplished through research, education, standardization of procedures, sharing of data and protocols, and the development of strategies for improving reimbursement for clinical examinations.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Educational Symposia, LLC

Office Address: 5620 W. Sligh Ave

Tampa, Florida 33634  
(City) (Zip Code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Stephen Hunter

(Registered agent's signature)

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. DIRECTORS**

☐ Chairman Name: Masayuki Hirata, MD, Ph.D  
☐ Vice Chairman Address: Osaka University  
☐ Director Department of Neurological Diagnosis and Restoration  
☒ President 2-2 Yamadaoka Stc.  
☐ Vice President Osaka, Japan 565-0871  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: William C Gaetz, Ph.D  
☐ Vice Chairman Address: The Children's Hospital of Philadelphia  
☐ Director 3401 Civic Center Blvd  
☐ President Philadelphia, Pa 19104  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: William C Gaetz, Ph.D  
☐ Vice Chairman Address: The Children's Hospital of Philadelphia  
☐ Director 3401 Civic Center Blvd  
☐ President Philadelphia, PA 19104  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Stephen Hunter  
☐ Vice Chairman Address: 5620 W. Sligh Ave.  
☐ Director Tampa, FL 33634  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: Executive Director ☐ Other: \_\_\_\_\_

☐ Chairman Name: Mitsuru Kikuchi  
☐ Vice Chairman Address: 1194-10 Motoyoshido-Cho  
☐ Director Mito, Ibaraki  
☐ President Japan 310-0836  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Stephen Hunter  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Stephen Hunter, Executive Director  
(Typed or printed name and capacity of person signing application)

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
[dos.pa.gov/BusinessCharities](http://dos.pa.gov/BusinessCharities)

**Regarding:** International Society for the Advancement of Clinical  
Magnetoencephalography

**Request Type:** Subsistence Certificate      **Issuance Date:** December 05, 2022

**Request No.:** 005884836      **File No.:** 0003748646

**Receipt No.:** 000276628

**Filing Type:** Domestic Nonprofit Corporation

**Filing Subtype:** Nonprofit Corporation

**Initial Filing Date:** August 10, 2007

**Status:** Active

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

International Society for the Advancement of Clinical  
Magnetoencephalography

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused the seal  
of my office to be affixed, the day and year  
above written

*Leigh M. Chapman*

**Leigh M. Chapman**  
Acting Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)