

F23000004261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

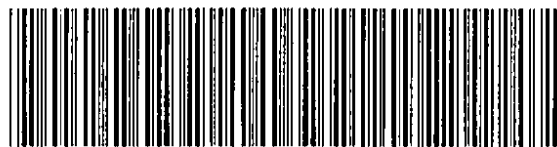
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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C | L | P
CHICAGO LAW PARTNERS

Kimberly A. Pendo
(312) 929-1964
kpendo@clpchicago.com

July 6, 2023

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: North American Neuromodulation Society

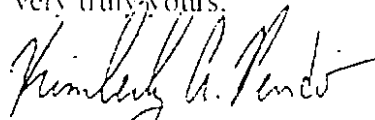
Dear Sir or Madam:

On behalf of the above-referenced not-for-profit corporation, enclosed for filing please find the following documents:

1. Application by Foreign Not For Profit Corporation for Authorization to Conduct Its Affairs in Florida;
2. Attachment to Item 12. – Continued list of Directors;
3. Illinois Secretary of State Good Standing Certificate; and
4. A check in the amount of \$70.00 to cover the filing fee.

If you have any questions regarding this filing, please do not hesitate to contact me.

Very truly yours,



Kimberly Pendo

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North American Neuromodulation Society
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:

Kimberly A. Pendo

Name of Person

Chicago Law Partners, LLC

Firm/Company

333 W. Wacker Drive, Suite 810

Address

Chicago, IL 60606

City/State and Zip Code

kpendo@clpchicago.com

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

For further information concerning this matter, please call:

Kimberly A. Pendo

Name of Person

312

at ()

Area Code

929-1964

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. North American Neuromodulation Society, 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. Illinois 3. 46-1883419
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 24, 2013 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 111 N. Wabash Avenue, Suite 100-3653, Chicago, IL 60602
(Principal office street address)

(Current mailing address, if different)

8. To advance neuromodulation through education, research, innovation and advocacy.
(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: C T Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

C T Corporation System

Theresa Buck, Assistant Secretary


(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: Julie Pilitsis
☐ Vice Chairman Address: 777 Glades Road
☐ Director Boca Raton, FL 33431
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Corey Hunter
☐ Vice Chairman Address: 115 East 57th Street, Suite 1210
☐ Director New York, NY 10022
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: President-Elect ☐ Other: _____

☐ Chairman Name: Kiran V. Patel
☐ Vice Chairman Address: 5 Columbus Circle, Floor 10
☐ Director New York, NY 10019
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Parag Patil
☐ Vice Chairman Address: 1500 E. Medical Center Dr. #2
☐ Director Ann Arbor, MI 48109
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Salim Hayek
☐ Vice Chairman Address: 11100 Euclid Avenue
☐ Director Cleveland, OH 44106
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Past President ☐ Other: _____

☐ Chairman Name: John Markman
☐ Vice Chairman Address: 2180 S. Clinton Avenue
☐ Director Rochester, NY 14618
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Ex Officio ☐ 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. Julie G. Pilitsis
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Julie G. Pilitsis, President
(Typed or printed name and capacity of person signing application)

**ATTACHMENT
TO THE
APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA
FOR
NORTH AMERICAN NEUROMODULATION SOCIETY**

David Provenzano, MD
301 Ohio River Blvd., #203
Sewickley, PA 15143

Marom Bikson, PhD
160 Convent Avenue
New York, NY 10031

Magdalena Anitescu, MD PhD
Goldblatt Pavilion
5841 S. Maryland Avenue
Chicago, IL 60637

Nebojsa Nick Knezevic, MD PhD
836 W. Wellington Avenue
Chicago, IL 60657

Michael Hanes, MD
2550 Park Street, Suite B
Jacksonville, FL 32204

Ahmed Raslan, MD
3303 S. Bond Avenue, 8th Floor
Portland, OR 97239

Susan Moeschler, MD
200 1st Street NW
Rochester, MN 55901

Michael Staudt, MD
3555 West 13 Mile Road, Suite N120
Royal Oak, MI 48073

Stephanie Vanterpool, MD
225 S. Center Avenue
Somerset, PA 15501

File Number

6880-398-5



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

NORTH AMERICAN NEUROMODULATION SOCIETY, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 24, 2013, 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 6TH
day of JULY A.D. 2023 .

Alexi Giannoulis

Authentication #: 2318702353 verifiable until 07/06/2024.

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

SECRETARY OF STATE