FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:54

DOCUMENT # 747916 (5)

1. Corporation Name

SOUTHERN ASSOCIATION OF ALLIED HEALTH DEANS AT A CADEMIC HEALTH CENTERS, INC.

Principal Place of Business	Mailing Address
% DMAHP CB #7120 MED SCH WING E UNC-CH CHAPEL HILL NC 27599-7120 US	% DMAHP CB #7120 MED SCH WING E UNC-CH CHAPEL HILL NC 27599-7120 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1979
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-1922000 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GUTEKUNST, RICHARD R PH D 3705 NW 25TH AVE GAINESVILLE FL 32605	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	HOLDER, LEE PH.D.	1.2 NAME	MCMANIGAL, SHIRLEY PH.D.	
STREET ADDRESS	UNIV OF OK HEALTH SCI CT	1.3 STREET ADDRESS	TEXAS TECH UNIV HEALTH SCIENCES CTR	
CITY-ST-ZIP	OKLAHOMA CITY OK	1.4 CITY-ST-ZIP	LUBBOCK TX	
TITLE	D	2.1 TITLE	C	☒ Change ☐ Addition
NAME	VERICELLA, BIAGO J. ED.D	2.2 NAME	VERICELLA, BIAGO J. ED.D.	
STREET ADDRESS	MEDICAL COLLEGE OF GA	2.3 STREET ADDRESS	MEDICAL COLLEGE OF GA	
CITY-ST-ZIP	AUGUSTA GA	2.4 CITY-ST-ZIP	AUGUSTA GA	
TITLE	C	3.1 TITLE	D	☒ Change ☐ Addition
NAME	HINKLE, WILLIAM G. PH.D	3.2 NAME	JOHNSON, JOHN P., PH.D.	
STREET ADDRESS	UNIV.OF TENNESSEE MEMPHI	3.3 STREET ADDRESS	MEDICAL COLLEGE OF SOUTH CAROLINA	
CITY-ST-ZIP	MEMPHIS TN	3.4 CITY-ST-ZIP	CHARLESTON SC	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WINTERS, RONALD H. PH.D.	4.2 NAME		
STREET ADDRESS	UNIV AR 4301 W MARKHAM	4.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK AR	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	YODER, DAVID PH.D	5.2 NAME		
STREET ADDRESS	UNIV. OF NC AT CHAPEL HL	5.3 STREET ADDRESS		
CITY-ST-ZIP	CHAPEL HILL, NC.	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	VAN STRATEN, JAMES G PHD	6.2 NAME		
STREET ADDRESS	UNIV TX 7703 FLOYD CURL	6.3 STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David E Yoder 3-1-95 919-966-2343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073609