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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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
US3. Date Incorporated or Qualified
06/29/19793a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1922000Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MCMANICAL, SHIRLEY P
STREET ADDRESS TEXAS TECH UNIV HEALTH SCIENCES CTR
CITY-ST-ZIP LUBBOCK TX1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Andrew B. Bond, Ph.D.
1.3 STREET ADDRESS Tennessee State Univ 3500 John Merritt
1.4 CITY-ST-ZIP Nashville, TN 37209-1561TITLE C ☐ DELETE
NAME VERICELLA, BIAGO J. ED.D
STREET ADDRESS MEDICAL COLLEGE OF GA
CITY-ST-ZIP AUGUSTA GA2.1 TITLE C ☒ Change ☐ Addition
2.2 NAME Winters, Ronald H. Ph.D.
2.3 STREET ADDRESS University Ark, 4301 W. Markham
2.4 CITY-ST-ZIP Little Rock, AR 72205-7119TITLE D ☐ DELETE
NAME JOHNSON, JOHN P. P
STREET ADDRESS MEDICAL COLLEGE OF SOUTH CAROLINA
CITY-ST-ZIP CHARLESTON SC3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME WINTERS, RONALD H. PH.D.
STREET ADDRESS UNIV AR 4301 W MARKHAM
CITY-ST-ZIP LITTLE ROCK AR4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Bishop, Wilsie S. DPA
4.3 STREET ADDRESS East Tennessee State Univ
4.4 CITY-ST-ZIP Johnson City, TN 37614-0623TITLE T ☐ DELETE
NAME YODER, DAVID PH.D
STREET ADDRESS UNIV. OF NC AT CHAPEL HL
CITY-ST-ZIP CHAPEL HILL, NC.5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE S ☐ DELETE
NAME GORDON GREEN, M.D.
STREET ADDRESS UNIV TX 5323 HARRY HINES BLVD.
CITY-ST-ZIP DALLAS TX6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077151

CP2E037 (9/96)