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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA 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 27599-7120  
US

3. Date Incorporated or Qualified

06/29/1979

4. FEI Number

59-1922000

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ 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 ☐ DELETE  
NAME D  
STREET ADDRESS ANDREW B. BOND, PH.D  
CITY-ST-ZIP TENNESSEE STATE UNIV 3500 JOHN MERRITT  
NASHVILLE TN

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME C  
STREET ADDRESS WINTER, RONALD H. PH.D  
CITY-ST-ZIP UNIVERSITY ARK, 4301 W. MARKHAM  
LITTLE ROCK AR

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS JOHNSON, JOHN P. P  
CITY-ST-ZIP MEDICAL COLLEGE OF SOUTH CAROLINA  
CHARLESTON SC

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME D  
3.3 STREET ADDRESS John R. Snyder  
3.4 CITY-ST-ZIP Louisiana State University  
New Orleans, LA

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BISHOP, WILSIE S. DRP  
CITY-ST-ZIP EAST TENNESSEE STATE UNIV.  
JOHNSON CITY TN

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME Y  
STREET ADDRESS YODER, DAVID PH.D  
CITY-ST-ZIP UNIV. OF NC AT CHAPEL HL  
CHAPEL HILL, NC.

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS GORDON GREEN, M.D.  
CITY-ST-ZIP UNIV TX 5323 HARRY HINES BLVD.  
DALLAS TX

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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

David E. Yoder

3.22-98

(9.0)961-904

CR2E037 (10/97)