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03-04-1999 90156 009 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 747916**

1. Corporation Name

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

Principal Place of Business

% DMAHP  
CB #7120 MED SCH WING E UNC-CH  
CHAPEL HILL NC 27599-7120  
US

Mailing Address

% DMAHP  
CB #7120 MED SCH WING E UNC-CH  
CHAPEL HILL NC 27599-7120  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**06/29/1979**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-1922000**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24 25 29 30

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

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **C Joiner, Charles**  
1.3 STREET ADDRESS **Univ. of Alabama at Birmingham**  
1.4 CITY-ST-ZIP **Birmingham, AL 35294-3361**

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

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **D Holcomb, J. David**  
2.3 STREET ADDRESS **Baylor College of Medicine**  
2.4 CITY-ST-ZIP **Houston, TX 77030**

TITLE ☐ DELETE  
NAME **D JOHN R SNYDER**  
STREET ADDRESS **LOUISIANA STATE UNIVERSITY**  
CITY-ST-ZIP **NEW ORLEANS LA**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

TITLE ☐ DELETE  
NAME **T 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-ZIP

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

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D Drain, Cecil**  
6.3 STREET ADDRESS **Virginia Commonwealth University**  
6.4 CITY-ST-ZIP **Richmond, VA 23298-0233**

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, with all other like empowered.

SIGNATURE: *David E. Yoder* **REQUIRED** David E. Yoder 2/11/99 (919) 966-9040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)