

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90007 015 ****61.25

0091695

DOCUMENT # 747916

1. Entity Name

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

Principal Place of Business

Mailing Address

**CECIL B. DRAIN. PH. D.
P O BOX 980233
RICHMOND VA 23298-0233
US**

**CECIL B. DRAIN. PH. D.
P O BOX 980233
RICHMOND VA 23298-0233
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1922000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUTEKUNST, RICHARD R PH D
3705 NW 25TH AVE
GAINESVILLE FL 32605**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
NAME **JOINER, CHARLES**
STREET ADDRESS **UNIV. OF ALABAMA @ BIRMINGHAM**
CITY-ST-ZIP **BIRMINGHAM AL 35294-3361**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HOLCOMB, DAVID J**
STREET ADDRESS **BAYLOR COLLEGE OF MEDICINE**
CITY-ST-ZIP **HOUSTON TX 77030**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FRANK, ROBERT G PHD**
STREET ADDRESS **UNIVERSITY OF FLORIDA**
CITY-ST-ZIP **GAINESVILLE FL 32610**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DRAIN, CECIL**
STREET ADDRESS **VIRGINIA COMMONWEALTH UNIV.**
CITY-ST-ZIP **RICHMOND VA 23298-0233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Jan 2002

Date

804 828-7247

Daytime Phone #

CR2E037 (9/01)