


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 747916 1. Entity Name SOUTHERN ASSOCIATION OF ALLIED HEALTH DEANS AT ACADEMIC HEALTH CENTERS, INC.	
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Principal Place of Business CECIL B. DRAIN, PH. D. P O BOX 980233 RICHMOND, VA 23298-0233 US	Mailing Address CECIL B. DRAIN, PH. D. P O BOX 980233 RICHMOND, VA 23298-0233 US
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01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1922000	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUTEKUNST, RICHARD R PH D 3705 NW 25TH AVE GAINESVILLE, FL 32605

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JOINER, CHARLES UNIV. OF ALABAMA @ BIRMINGHAM BIRMINGHAM, AL 352943361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLCOMB, DAVID J BAYLOR COLLEGE OF MEDICINE HOUSTON, TX 77030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK, ROBERT G PHD UNIVERSITY OF FLORIDA GAINESVILLE, FL 32610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BISHOP, WILSIE S. DRP EAST TENNESSEE STATE UNIV. JOHNSON CITY, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAIN, CECIL VIRGINIA COMMONWEALTH UNIV. RICHMOND, VA 232980233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

010820040002359
01/13/04-80010-020 61.25

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IN THIS SPACE**

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:  **8 Jan 2004** **(804) 818-7247**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #