

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 747916

1. Entity Name

SOUTHERN ASSOCIATION OF ALLIED HEALTH DEANS
AT ACADEMIC HEALTH CENTERS, INC.



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



01042005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C
NAME JOINER, CHARLES
STREET ADDRESS UNIV. OF ALABAMA @ BIRMINGHAM
CITY-ST-ZIP BIRMINGHAM, AL 352943361

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

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

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

TITLE D
NAME DRAIN, CECIL
STREET ADDRESS VIRGINIA COMMONWEALTH UNIV.
CITY-ST-ZIP RICHMOND, VA 232980233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000181986
01/19/05-80009-016 61.25

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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: Cecil B. Drain, Ph.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Jan 2005 (804) 828-7247
Date Daytime Phone #