


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000003853</b> 1. Entity Name <b>A.T. STILL UNIVERSITY OF HEALTH SCIENCES, INC.</b>	
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Principal Place of Business <b>800 WEST JEFFERSON STREET KIRKSVILLE, MO 63501</b>	Mailing Address <b>800 WEST JEFFERSON STREET KIRKSVILLE, MO 63501</b>
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01192006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>43-0356250</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>C.T. CORPORATION SYSTEMS 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**11070681447820  
03/08/06-80072-023 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGOVERN, JAMES J PH.D. 800 WEST JEFFERSON STREET KIRKSVILLE, MO 63501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC SETSER, HENRY J.D.LLM 800 WEST JEFFERSON STREET KIRKSVILLE, MO 63501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GABER, RON ED.S. 800 WEST JEFFERSON STREET KIRKSVILLE, MO 63501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEARD, JOHN PH.D. 800 WEST JEFFERSON STREET KIRKSVILLE, MO 63501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRISON, MONICA 800 WEST JEFFERSON STREET KIRKSVILLE, MO 63501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	APSB LANTZ, TRACEY L 800 WEST JEFFERSON STREET KIRKSVILLE, MO 63501

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mary L. Ellyan **2-20-06** **660 626 2791**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #