


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000003853 1. Entity Name A.T. STILL UNIVERSITY OF HEALTH SCIENCES, INC.	
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Principal Place of Business 800 WEST JEFFERSON STREET KIRKSVILLE, MO. 63501	Mailing Address 800 WEST JEFFERSON STREET KIRKSVILLE, MO 63501
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01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-0356250	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 C.T. CORPORATION SYSTEMS 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

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

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	VP GC 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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02/21/07-80031-014 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 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: Monica Harrison, Treasurer Monica Harrison 2/5/07 660-626-2325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #