2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

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Entity Name: RCMI PROGRAM DIRECTORS ASSOCIATION, INC.

Current Principal Place of Business:

FLORIDA A&M UNIVERSITY
DYSON PHARMACY BUILDING
TALLAHASSEE, FL 32307

New Principal Place of Business:

Current Mailing Address:

FLORIDA A&M UNIVERSITY
ROOM 104 COLLEGE OF PHARMACY
TALLAHASSEE, FL 32307

New Mailing Address:

FLORIDA A&M UNIVERSITY
DYSON PHARMACY BUILDING
TALLAHASSEE, FL 32307

FEI Number: 59-3718761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DR. KARAM F.A. SOLIMAN
712 SUMMERBROOKE DR
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NORRIS, KEITH DR
Address: 12021 S WILLMINGTON AV
City-St-Zip: LOS ANGELES, CA 90059

Title: VD ( ) Delete
Name: SOUTHERLAND, WILLIAM DR
Address: 520
City-St-Zip: WASHINGTON, DC 20059

Title: TD ( ) Delete
Name: DR. KARAM F.A. SOLIMAN
Address: COLLEGE OF PHARMACY
City-St-Zip: TALLAHASSEE, FL 32307

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. KARAM F.A. SOLIMAN RA 04/14/2009

Electronic Signature of Signing Officer or Director — Date