

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001715

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**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  
DYSON PHARMACY BUILDING  
TALLAHASSEE, FL 32307

**New Mailing Address:**

**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  
**Name:** NORRIS, KEITH DR  
**Address:** 12021 S WILLMINGTON AV  
**City-St-Zip:** LOS ANGELES, CA 90059

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** KARAM SOLIMAN

TD

02/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date