

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 16, 2011
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: DR KARAM F A SOLIMAN

TD

02/16/2011

Electronic Signature of Signing Officer or Director

Date