

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005109

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** FLORIDA ALLIANCE FOR HEALTH PROFESSIONS DIVERSITY, INC.

**Current Principal Place of Business:**

2010 LEVY AVENUE, SUITE 288  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

**Current Mailing Address:**

2010 LEVY AVENUE, SUITE 288  
TALLAHASSEE, FL 32310

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAULY, REBECCA T  
1600 SW ARCHER ROAD, ROOM H-101  
GAINESVILLE, FL 32611 US

**Name and Address of New Registered Agent:**

PAULY, REBECCA R  
1600 SW ARCHER ROAD  
ROOM H-101  
GAINESVILLE, FL 32611 US

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: REBECCA R. PAULY

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: PAULY, REBECCA R MD  
Address: 2010 LEVY AVENUE, SUITE 288  
City-St-Zip: TALLAHASSEE, FL 32310

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition  
Name: PAULY, REBECCA R  
Address: 1600 SW ARCHER ROAD, ROOM H-101  
City-St-Zip: GAINESVILLE, FL 32611

Title: DR. ( ) Change (X) Addition  
Name: RALSTON, PENNY  
Address: 2010 LEVY AVENUE, SUITE 288  
City-St-Zip: TALLAHASSEE, FL 32310

Title: DR. ( ) Change (X) Addition  
Name: HARRIS, CYNTHIA  
Address: FLORIDA A & M UNIVERSITY  
City-St-Zip: TALLAHASSEE, FL 32307

Title: DR. ( ) Change (X) Addition  
Name: LITTLES, ALMA  
Address: 2010 LEVY AVENUE, SUITE 288  
City-St-Zip: TALLAHASSEE, FL 32310

Title: MR. ( ) Change (X) Addition  
Name: PATTEN, CARL  
Address: 4800 DEERWOOD CAMPUS PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32246

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: REBECCA R. PAULY

DR.

04/28/2009

Electronic Signature of Signing Officer or Director

Date