

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005109

**FILED**  
**Mar 29, 2011**  
**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:**

1600 SW ARCHER ROAD  
ROOM H-101, BOX 100014  
GAINESVILLE, FL 32610

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAULY, REBECCA R  
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 32610 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:

03/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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: REBECCA R. PAULY, MD

DR.

03/29/2011

Electronic Signature of Signing Officer or Director

Date