

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90197 012 ****61.25

DOCUMENT # N46306

1. Entity Name
SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC



Principal Place of Business Mailing Address
16407 NW 174 DR P O BOX 2157
SUITE D ALACHUA FL 32615



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3112649** Applied For
Not Applicable

Zip Country Zip Country
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDSON, BARBARA E
16407 NW 174 DR
SUITE D
ALACHUA FL 32615

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Barbara E. Richardson DATE 1/27/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALL, KEN 1801 NORTH TEMPLE AVE. STARKE FL 32091 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RICHARDSON, BARBARA 16407 NW 174 DR SUITE D ALACHUA FL 32615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESH, MARILYN 23320 N. STATE RD. 235 BROOKER FL 32622 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIDSON, BETTY A P O BOX 718 OLD TOWN FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAMBLE, JERONE P O BOX 1388 OCALA FL 34478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara E. Richardson **Barbara E. Richardson** 1/27/03 (386) 462-1551

CR2E037 (10/02)

Suwannee River AHEC Officers and Board Members *Attachment*

SRAHEC Officers

Betty A. Davidson
SRAHEC President
P O Box 718
Old Town, Florida 32680
Phone (352) 498-6461
Health Occupation Teacher
Dixie County School Board
Davidson_BE@Dixie.K12.fl.us

Jerone Gamble
SRAHEC Vice-President
P O Box 1388
Ocala, Florida 34478
Phone (352) 854-2322 X1282
Coordinator Health Programs
Central Florida Community College
gamblej@cfcc.cc.fl.us

Linda Johns
SRAHEC Treasurer
P O Box 1223
Starke, Florida 32091
Phone (904) 964-5027
Starke City Clerk
Board, Bradford Hospital
LJohns@CityofStarke.org

Paula L. Fugel
SRAHEC Secretary
310 NW 11th Ave
Trenton, Florida 32693
Phone (352) 463-3207/3200 Office
Director of Instructional Support
Gilchrist County School Board
fugelpl@gilchrist.K12.fl.us

Marilyn Mesh
Immediate Past President
23320 N SR 235
Brooker, Florida 32622
Phone (352) 485-2772
Executive Director of ACORN Clinic
Brooker, Florida
mmesh@acornclinic.org

Barbara Richardson
SRAHEC Executive Director
P O Box 2157
Alachua, Florida 32616
Phone (386) 462-1551 X 20 Work
brichard@srahec.org

SRAHEC Board Members

Sheila Baker
3000 N.W. 83rd Street Bldg W002
Gainesville, Florida 32606
Phone (352) 395-5650
Director, Health Sciences
Counseling Office
Santa Fe Community College
sheila.baker@santafe.cc.fl.us

Tom Belcuore
Ex-Officio Member
224 S.E. 24th Street
Gainesville, Florida 32601
Phone (352) 334-7901
Administrator
Alachua County Health Department
Tom_Belcuore@doh.state.fl.us

Beth Buckley
125 SW 7th Street
Williston, Florida 32696
Phone (352) 528-2801
Administrator
Nature Coast Regional Hospital
Bethmba@aol.com

Cliff Chapman
SRAHEC Member at Large
P O Box 548
Gainesville, Florida 32602
Phone (352) 384-3134/3130 Shirley
Bureau Chief, Training
Alachua County Fire Rescue
cchapman@co.alachua.fl.us

David Garison
2801 Kennedy Street
Palatka, Florida 32177-4100
Phone (904) 326-3208
Tobacco Prevention Coordinator
Putnam County Health Department
dgarison@hotmail.com

Pete Gianas
4343 Seminole Street
Starke, Florida 32091
Phone (904) 964-6260
Physician, Shands at Starke
Medical Director, EMS
gianapi@shands.ufl.edu

Jana F. Hart
Rt 3 Box 15
Mayo, Florida 32066
Phone (904) 294-1279
County Extension Director
Lafayette County, University of Florida
lafayette@gnv.ifas.ufl.edu

Alan Jameson
Ex-Officio Member
P O Box 103581, JHMHC
Gainesville, Florida 32610
Phone (352) 265-8026
Co-Director, University of Florida
College of Medicine AHEC Program
ajameson@ahec.ufl.edu

Dwight Kamback
Rt 19 Box 1030
Lake City, Florida 32025-8703
Phone (904) 752-1822
Director of Allied Health
Lake City Community College
kambackd@mail.lakecity.cc.fl.us

Ken McCall
1801 North Temple Ave
Starke, Florida 32091
Phone (904) 964-7732
Administrator, Bradford and Union
County Health Departments
Ken_McCall2@doh.state.fl.us

Larry Rooks
Ex-Officio Member
P O Box 103581, JHMHC
Gainesville, Florida 32610
Phone (352) 265-8026
Co-Director, University of Florida
College of Medicine AHEC Program
University of Florida
lrooks@ahec.ufl.edu

Beth Sperring
P O Box 6030
Live Oak, Florida 32060
Phone (904) 362-2708
Suwannee County Health Department
Beth_Sperring@doh.state.fl.us

Michael J. Vernacchio
Ex-Officio Member
P O Box 2110
Keystone Heights, Florida 32656
Phone (352) 473-6595
Physician, Medical Director
Family Medical & Dental Center
KMCFMDC@techcomm.net

Letha Waters
7762 CR 252
Live Oak, Florida 32060
Phone (904) 963-3522
lmwaters@lani.net