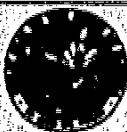


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704348 (2)

1. Corporation Name

**ASSOCIATION FOR THE ADVANCEMENT OF AUTOMOTIVE ME
DICINE, INC.**

Principal Place of Business

Mailing Address

**2340 DESPLAINES RIVER RD., SUITE 105
DES PLAINES IL 60018**

**2340 DESPLAINES RIVER RD., SUITE 105
DES PLAINES IL 60018**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1962

3a. Date of Last Report

05/11/1994

4. FEI Number

91-6072386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALLACE, PAUL F
1501 FIFTH AVE N
ST PETERSBURG FL 33700**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME ~~GENNARELLI, THOMAS A~~
STREET ADDRESS ~~UNIV OF PA 3400 SPRUCE ST~~
CITY-ST-ZIP ~~PHILADELPHIA PA~~

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **AGAN, PHYLLIS**
1.3 STREET ADDRESS **UNIV OF CA -101 CITY DRIVE SOUTH**
1.4 CITY-ST-ZIP **IRVINE CA 92717-5800**

TITLE **PD**
NAME **HLETKO, PAUL J.**
STREET ADDRESS **1075 N FRASIER**
CITY-ST-ZIP **GEORGETOWN SC**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **CUSHING, BRAD**
2.3 STREET ADDRESS **701 W. PRATT ST.**
2.4 CITY-ST-ZIP **BALTIMORE MD 21201**

TITLE **D**
NAME **MACKENZIE, ELLEN J**
STREET ADDRESS **JOHNS HOPKINS UNIV - 624 N BROADWAY**
CITY-ST-ZIP **BALTIMORE MD**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SD**
NAME ~~LANE, PETER~~
STREET ADDRESS ~~VICTORIA HOSPITAL 391 SOUTH ST~~
CITY-ST-ZIP ~~LONDON ON~~

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **ED**
NAME **PETRUCELLI, ELAINE**
STREET ADDRESS **2340 DES PLAINES AVE - AAAM**
CITY-ST-ZIP **DES PLAINES IL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Petrucelli **ELAINE PETRUCELLI**

4/25/95

708-390-8927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #