

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90188 019 ****61.25

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DOCUMENT # 704348

1. Corporation Name

ASSOCIATION FOR THE ADVANCEMENT OF AUTOMOTIVE MEDICINE, INC.

Principal Place of Business

2340 DESPLAINES RIVER RD., SUITE 106
DES PLAINES IL 60018

Mailing Address

2340 DESPLAINES RIVER RD., SUITE 106
DES PLAINES IL 60018



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/30/1962

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
91-6072386

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE **D** ☐ DELETE
NAME **AGRAN, PHYLLIS**
STREET ADDRESS **UNIV OF CA 101 CITY DR S**
CITY-ST-ZIP **IRVINE CA**

TITLE **D** ☐ DELETE
NAME **CUSHING, BRAD**
STREET ADDRESS **701 W PRATT ST**
CITY-ST-ZIP **BALTIMORE MD**

TITLE **D** ☐ DELETE
NAME **CIVIL, IAN**
STREET ADDRESS **ANCKLAND HOSPITAL P.E. 92 024**
CITY-ST-ZIP **ANCKLAND NE**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **JEFF CRANDALL**
1.3 STREET ADDRESS **UNIV OF VA**
1.4 CITY-ST-ZIP **CHARLOTTESVILLE VA**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **AUCKLAND**
3.3 STREET ADDRESS **AUCKLAND, NZ**
3.4 CITY-ST-ZIP

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

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

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

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99 **847**
390 8927
Date Daytime Phone #

CR2E037 (11/98)