2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2023
Secretary of State
7834136764CC

DOCUMENT# 704348

Entity Name: ASSOCIATION FOR THE ADVANCEMENT OF AUTOMOTIVE MEDICINE, INC.

Current Principal Place of Business:

35 E WACKER DR
STE 850
CHICAGO, IL 60601

Current Mailing Address:

35 E WACKER DRIVE
STE 850
CHICAGO, IL 60601 US

FEI Number: 91-6072386

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHULMAN, CARL I DR.
1800 NW 10TH AVE D55 ROOM T215
MIAMI, FL 33136 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: CARL I. SCHULMAN, MD 03/06/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	MARTIN, ROBERT S. MD
Address	WAKE FOREST SCHOOL OF MEDICINE DEPT. OF SURGERY, MEDICAL CENTER BLVD.
City-State-Zip:	WINSTON-SALEM NC 27157

Title	EXECUTIVE DIRECTOR
Name	KEEL, KATIE
Address	35 E WACKER DR STE 850
City-State-Zip:	CHICAGO IL 60601

Title	OFFICER
Name	VACA, FEDERICO
Address	464 CONGRESS AVE, SUITE 260
City-State-Zip:	NEW HAVEN CT 06519

Title	OFFICER
Name	BULL BRUINS, MARILYN J MD
Address	705 RILEY HOSPITAL DRIVE ROOM 1601
City-State-Zip:	INDIANAPOLIS IN 46202

Title	OFFICER
Name	VALDES LOPEZ, FRANCISCO
Address	35 E WACKER DRIVE STE 850
City-State-Zip:	CHICAGO IL 60601

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: KATIE KEEL AAAM EXECUTIVE DIRECTOR 03/06/2023

Electronic Signature of Signing Officer/Director Detail — Date