


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90238 008 ****61.25

DOCUMENT # 704348 1. Entity Name ASSOCIATION FOR THE ADVANCEMENT OF AUTOMOTIVE MEDICINE, INC.					
Principal Place of Business 191 OLD SUTTON ROAD BARRINGTON, IL 60010			Mailing Address 191 OLD SUTTON ROAD BARRINGTON, IL 60010		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent AUGENSTEIN, JEFFREY S MD 1800 NW 10TH AVE D55 ROOM T235 MIAMI, FL 33136				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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.		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEISSNER, UWE 2 LOUIS DRIVE KATONAH, NY 105363123		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D E. Tilman Jøilly, M.D. 1539 Brookhaven Dr., McLean VA 22101	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AUGNESTEIN, JEFFREY S MD 1800 NW 10TH AVE C RYDR CENTER D55 MIAMI, FL 33136		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Frances D. Bents 1650 Research Blvd., RW3535 Rockville, MD 20850	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARNDT, MARK W PO BOX 30717 MESA, AZ 30717		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	
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	
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: <u>Frances D Bents 4/17/05</u> 240 314 7557 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					