

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

FILED
Apr 19, 2007 08:00 A
Secretary of State



04032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
91-6072386

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AUGENSTEIN, JEFFREY S MD
1800 NW 10TH AVE D55 ROOM T235
MIAMI, FL 33136

DO NOT WRITE
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, HARRY L MD
STREET ADDRESS 5711 UNIVERSITY HGTS BLVD SUITE 100
CITY-ST-ZIP SAN ANTONIO, TX 78249

TITLE D
NAME BENTS, FRANCES D
STREET ADDRESS 1650 RESEARCH BLVD, RW3535
CITY-ST-ZIP ROCKVILLE, MD 20850

TITLE D
NAME ARNDT, MARK W
STREET ADDRESS PO BOX 30717
CITY-ST-ZIP MESA, AZ 30717

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

U000000718270
05/01/07-80015-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Frances D Bents, FRANCES D. Bents

4/15/07

240 314 7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #