

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704348

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

191 OLD SUTTON ROAD  
BARRINGTON, IL 60010

**New Principal Place of Business:**

**Current Mailing Address:**

191 OLD SUTTON ROAD  
BARRINGTON, IL 60010

**New Mailing Address:**

**FEI Number:** 91-6072386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: SODERSTROM, CARL A MD  
Address: 300 NORTHFIELD PL  
City-St-Zip: BALTIMORE, MD 212102818

Title: D  
Name: BENTS, FRANCES D  
Address: 1650 RESEARCH BLVD, RW3535  
City-St-Zip: ROCKVILLE, MD 20850

Title: D  
Name: MULLEN, CHRISTINA  
Address: 601 THIRTEENTH STREET NW  
City-St-Zip: WASHINGTON, DC 20005

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: IRENE HERZAU, AGENT

D

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date