2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# F04000002542

Entity Name: AMERICAN ASSOCIATION OF MEDICAL DOSIMETRISTS, INCORPORATED

Current Principal Place of Business:

ONE PHYSICS ELLIPSE
COLLEGE PARK, MD 20740

New Principal Place of Business:

12100 SUNSET HILLS ROAD
SUITE 130
RESTON, VA 20190 US

Current Mailing Address:

740 NE 11TH AVENUE
OCALA, FL 344705916 US

New Mailing Address:

12100 SUNSET HILLS ROAD
SUITE 130
RESTON, VA 20190 US

FEI Number: 56-1374863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MERRILL, RANDALL
740 NE 11TH AVENUE
OCALA, FL 344705916 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: P ( ) Delete
Name: BERTRAND, RUDI
Address: ONE PHYSICE ELLIPSE
City-St-Zip: COLLEGE PARK, MD 20740

Title: S ( ) Delete
Name: LENARDS, NISHELE
Address: 14702 WILDS VIEW NW
City-St-Zip: PRIOR LAKE, MN 55372

Title: T ( ) Delete
Name: MERRILL, RANDALL
Address: 740 NE 11TH AVENUE
City-St-Zip: OCALA, FL 344705916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BERNER, PAULA
Address: 5306 EVERGREEN
City-St-Zip: BELLAIRE, TX 77401 US

Title: S (X) Change ( ) Addition
Name: CAGLE, SUSAN
Address: 2620 SHADY REACH LANE
City-St-Zip: CHARLOTTE, NC 28214 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RANDALL P. MERRILL T 01/29/2008
Electronic Signature of Signing Officer or Director — Date