2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# F07000003716

Entity Name: ASSOCIATION OF AMERICAN MEDICAL COLLEGES INC.

Current Principal Place of Business:

185 N. WABASH AVENUE
CHICAGO, IL 60687

New Principal Place of Business:

2450 N. STREET NW
WASHINGTON, DC 20037

Current Mailing Address:

185 N. WABASH AVENUE
CHICAGO, IL 60687

New Mailing Address:

2450 N. STREET NW
WASHINGTON, DC 20037

FEI Number: 36-2169124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PCEO ( ) Delete
Name: KIRCH, DARRELL G MD
Address: 2450 N ST NW
City-St-Zip: WASHINGTON, DC 20037

Title: PCEO ( ) Delete
Name: PRESLAR, LEN B JR.
Address: C/O 185 N. WABASH AVENUE
City-St-Zip: CHICAGO, IL 60687

Title: EXV ( ) Delete
Name: ASCHENBRENER, CAROL
Address: 2450 N ST NW
City-St-Zip: WASHINGTON, DC 20037

Title: V ( ) Delete
Name: E. ALBERT REECE, MD,, PHD, MBA
Address: C/O 185 N. WABASH AVENUE
City-St-Zip: CHICAGO, IL 60687

Title: DCEO ( ) Delete
Name: KATEN-BABENSKY, DONNA
Address: C/O 185 N. WABASH AVENUE
City-St-Zip: CHICAGO, IL 60687

Title: V ( ) Delete
Name: H. DAVID WILSON, MD,
Address: C/O 185 N. WABASH AVENUE
City-St-Zip: CHICAGO, IL 60687

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: KIRCH, DARRELL G MD
Address: 2450 N ST NW, ROOM 563
City-St-Zip: WASHINGTON, DC 20037

Title: PCEO (X) Change ( ) Addition
Name: SUSSMAN, ELLIOT .
Address: LEHIGH VALLEY HOSPITAL CEDAR CREST & I-78
City-St-Zip: ALLENTOWN, PA 18105

Title: EVP (X) Change ( ) Addition
Name: ASCHENBRENER, CAROL A MD
Address: 2450 N ST NW
City-St-Zip: WASHINGTON, DC 20037

Title: V (X) Change ( ) Addition
Name: REECE, ALBERT E
Address: 655 WEST BALTIMORE ST, ROOM 14-029
City-St-Zip: BALTIMORE, MD 21201

Title: AT (X) Change ( ) Addition
Name: FRIEDMAN, BARARA S
Address: 2450 N. STREET NW
City-St-Zip: WASHINGTON, DC 20037

Title: V (X) Change ( ) Addition
Name: WILSON, H. DAVID MD
Address: 501 N. COLUMBIA ROAD, STOP 9037
City-St-Zip: GRAND FORKS, ND 58202

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: BARBARA S. FRIEDMAN AT 04/24/2008

Electronic Signature of Signing Officer or Director — Date