2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2010
Secretary of State

DOCUMENT# F07000003716

Entity Name: ASSOCIATION OF AMERICAN MEDICAL COLLEGES INC.

Current Principal Place of Business:

2450 N. STREET NW
WASHINGTON, DC 20037

New Principal Place of Business:

Current Mailing Address:

2450 N. STREET NW
WASHINGTON, DC 20037

New Mailing Address:

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: DP
Name: KIRCH, DARRELL G MD
Address: 2450 N ST NW, ROOM 563
City-St-Zip: WASHINGTON, DC 20037

Title: D
Name: SUSSMAN, ELLIOT .
Address: LEHIGH VALLEY HOSPITAL CEDAR CREST & I-78
City-St-Zip: ALLENTOWN, PA 18105

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

Title: D
Name: LARET, MARK
Address: UCSF MED CTR, 500 PAMASSUS AVE
City-St-Zip: SAN FRANCISCO, CA 94143

Title: ST
Name: JARVIS, BERNARD
Address: 2450 N STREET NW
City-St-Zip: WASHINGTON, DC 20037

Title: D
Name: BETZ, A. LORRIS
Address: U OF UT SOM, 5TH FL, 175 N MEDICAL DR E
City-St-Zip: SALT LAKE CITY, UT 84132

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: BERNARD JARVIS ST 04/26/2010

Electronic Signature of Signing Officer or Director — Date