

1.) CORPORATION NAME:

**AEROSPACE MEDICAL ASSOCIATION FOUNDATION**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JEFFREY C SVENTEK  
320 S HENRY ST  
ALEXANDRIA, VA 22314**

SCC ID NO: **06586424**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 320 S HENRY ST

CITY/ST/ZIP: ALEXANDRIA, VA 22314

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: George Peach Taylor, MD TITLE: TREASURER ADDRESS: 6341 River Downs Road CITY/ST/ZIP/CO: Alexandria, VA 22312	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE K ANDERSON M.D. TITLE: CHAIRMAN ADDRESS: 8 LITTLE HARBOR WAY CITY/ST/ZIP/CO: ANNAPOLIS, MD 21403	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD T JENNINGS M.D. TITLE: DIRECTOR ADDRESS: 15019 SUN HARBOR CITY/ST/ZIP/CO: HOUSTON, TX 77062	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: James M Vanderploeg, MD TITLE: DIRECTOR ADDRESS: 12451 Golden Thistle CITY/ST/ZIP/CO: Houston, TX 77058	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY R DAVIS M.D. TITLE: VICE CHAIRMAN ADDRESS: 14623 GRAYWOOD GROVE LANE CITY/ST/ZIP/CO: HOUSTON, TX 77062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Melchor J Antunano, MD TITLE: DIRECTOR ADDRESS: 3309 Crosstimber Drive CITY/ST/ZIP/CO: Edmond, OK 73034	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Robert M Ellis, MBA TITLE: DIRECTOR ADDRESS: 1290 Hercules Drive CITY/ST/ZIP/CO: Houston, TX 77058	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: William F Mitchell TITLE: DIRECTOR ADDRESS: 2355 Fairway Road CITY/ST/ZIP/CO: Huntingdon Valley, PA 19006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ramon Dominguez-Mompell, MD TITLE: DIRECTOR ADDRESS: Leon Gil de Palacio 5 CITY/ST/ZIP/CO: Madrid, 28007, ES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jeffrey C. Sventek, MS TITLE: DIRECTOR ADDRESS: 320 South Henry Street CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ Jeffrey C.Sventek, MS	Jeffrey C.Sventek, MS,	3/12/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		