2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006
Secretary of State

DOCUMENT# N04000008552

Entity Name: FLORIDA LIPID FOUNDATION, INC.

Current Principal Place of Business:

8833 PERIMETER PARK BLVD.
SUITE 301
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

8833 PERIMETER PARK BLVD.
SUITE 301
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-1576306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
SUITE 115
JACKSONVILLE, FL 32204 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: BRAMLET, DEAN A MD
Address: 1809 PASADENA AVE., STE. 2C
City-St-Zip: ST. PETERSBURG, FL 33707

Title: S ( ) Delete
Name: KLANCKE, KIM MD
Address: 695 N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T ( ) Delete
Name: HOROWITZ, BARRY MD
Address: 1515 N. FLAGLER DR., #430
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ED ( ) Delete
Name: SEYMOUR, CHRISTOPHER
Address: 8833 PERIMETER PARK BLVD., STE. 301
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BRAMLET, DEAN MD
Address: 1609 PASADENA AVE., S. #2C
City-St-Zip: ST. PETERSBURG, FL 33707

Title: S (X) Change ( ) Addition
Name: KLANKE, KIM MD
Address: 695 N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T (X) Change ( ) Addition
Name: HOROWITZ, BARRY MD
Address: 1515 N. FLAGLER DR., #430
City-St-Zip: W. PALM BEACH, FL 33401

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRAMLET, DEAN P 02/16/2006

Electronic Signature of Signing Officer or Director — Date