2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N04000008552

Entity Name: FOUNDATION OF THE NATIONAL LIPID ASSOCIATION, INC.

Current Principal Place of Business:

6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6816 SOUTHPOINT PKWY, STE 1000
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: VICARI, RALPH MD
Address: 200 E SHERIDAN RD
City-St-Zip: MELBOURNE, FL 32901

Title: S ( ) Delete
Name: ALEXANDER, LORI MSHS
Address: 4085 UNIVERSITY BLVD SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP ( ) Delete
Name: KREUL, SANDRA ARNP
Address: 4730 N HABANA AVE, STE 201
City-St-Zip: TAMPA, FL 33614

Title: ED ( ) Delete
Name: SEYMOUR, CHRISTOPHER
Address: 6816 SOUTHPOINT PKWY, STE 1000
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GOLDBERG, ANNE C MD
Address: 7352 KINGSBURY
City-St-Zip: ST. LOUIS, MO 63130

Title: S (X) Change ( ) Addition
Name: DAVIDSON, MICHAEL H MD
Address: 515 N. STATE STREET, STE 2700
City-St-Zip: CHICAGO, IL 60610

Title: VP (X) Change ( ) Addition
Name: VICARI, RALPH M MD
Address: 2800 N. RIVERSIDE DRIVE
City-St-Zip: INDIANTRAIL, FL 32903

Title: ED (X) Change ( ) Addition
Name: SEYMOUR, CHRISTOPHER R
Address: 6816 SOUTHPOINT PKWY, STE 1000
City-St-Zip: JACKSONVILLE, FL 32216

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: CHRISTOPHER R. SEYMOUR ED 04/23/2009

Electronic Signature of Signing Officer or Director — Date