

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011737

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: ACCREDITATION COUNCIL FOR CLINICAL LIPIDOLOGY, INC.

**Current Principal Place of Business:**

8833 PERIMETER PARK BLVD., #301  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

8833 PERIMETER PARK BLVD., #301  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 20-5871963      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NULAND, CHRISTOPHER L.  
1000 RIVERSIDE AVE., STE. 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: D      ( ) Delete  
Name: MCKENNEY, JAMES  
Address: 2809 EMERYWOOD PARKWAY, STE. 140  
City-St-Zip: RICHMOND, VA 23294

Title: D      ( ) Delete  
Name: WIGGINS, BARBARA  
Address: P.O. BOX 800674, UNIVERSITY OF VIRGINIA  
City-St-Zip: CHARLOTTESVILLE, VA 22908

Title: D      ( ) Delete  
Name: LA FORGE, RALPH MSC  
Address: DUKE LIPID CLINIC, DEPT. OF MED.,DUMC 3510  
City-St-Zip: DURHAM, NC 27710

Title: D      ( ) Delete  
Name: MASON, CAROL M. ARNP  
Address: USF HEART HEALTH, 1547 WINDING WILLOW DR.  
City-St-Zip: TRINITY, FL 34655

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: MCKENNEY, JAMES  
Address: 2809 EMERYWOOD PARKWAY, STE. 140  
City-St-Zip: RICHMOND, VA 23294

Title: S      (X) Change ( ) Addition  
Name: WIGGINS, BARBARA  
Address: P.O. BOX 800674, UNIVERSITY OF VIRGINIA  
City-St-Zip: CHARLOTTESVILLE, VA 22908

Title: T      (X) Change ( ) Addition  
Name: LA FORGE, RALPH MSC  
Address: DUKE LIPID CLINIC, DEPT. OF MED.,DUMC 3510  
City-St-Zip: DURHAM, NC 27710

Title: VP      (X) Change ( ) Addition  
Name: MASON, CAROL M. ARNP  
Address: USF HEART HEALTH, 1547 WINDING WILLOW DR.  
City-St-Zip: TRINITY, FL 34655

Title: ED      ( ) Change (X) Addition  
Name: SEYMOUR, CHRISTOPHER R MBA  
Address: 8833 PERIMETER PARK BLVD 301  
City-St-Zip: JACKSONVILLE, FL 32216

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: CHRISTOPHER SEYMOUR

ED

04/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date