

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011737

**FILED  
Mar 17, 2016  
Secretary of State  
CC8317039633**

**Entity Name:** ACCREDITATION COUNCIL FOR CLINICAL LIPIDOLOGY, INC.

**Current Principal Place of Business:**

6816 SOUTHPOINT PKWY, STE 1000  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6816 SOUTHPOINT PKWY, STE 1000  
JACKSONVILLE, FL 32216

**FEI Number:** 20-5871963

**Certificate of Status Desired:** No

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

NULAND, CHRISTOPHER L.  
1000 RIVERSIDE AVE., STE. 115  
JACKSONVILLE, FL 32204 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SASEEN, JOSEPH J  
Address        7325 E. 5TH AVE. PARKWAY  
City-State-Zip: DENVER CO 80230

Title            ED  
Name            SEYMOUR, CHRISTOPHER  
Address        6816 SOUTHPOINT PARKWAY, STE.  
                  1000  
City-State-Zip: JACKSONVILLE FL 32216

Title            VP  
Name            COFER-CHASE, LYNN MSN  
Address        1 N 575 AUGUSTA CT  
City-State-Zip: WINFIELD IL 60190

Title            SECRETARY  
Name            SIKAND, GEETA  
Address        2 TRENTON  
City-State-Zip: IRVINE CA 92620

Title            TREASURER  
Name            MAKI, KEVIN DR.  
Address        814 DORSET DR  
City-State-Zip: WHEATON IL 60189

*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:** CHRISTOPHER SEYMOUR

MBA

03/17/2016

Electronic Signature of Signing Officer/Director Detail

Date