

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 20, 2015
Secretary of State
CC5100117632

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

ED

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date