

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 29, 2017
Secretary of State
CC8296280603

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

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

Title SECRETARY
Name BRAUN, LYNN
Address 424 S MADISON
City-State-Zip: LAGRANGE IL 60525

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

Title TREASURER
Name BRADBERRY, JACK CHRIS
Address 13235 HAMILTON ST
City-State-Zip: OMAHA NE 68154

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

03/29/2017

Electronic Signature of Signing Officer/Director Detail

Date