

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011737

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

**FILED**  
**Apr 09, 2013**  
**Secretary of State**  
**CC2839447642**

**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 T  
Name SASEEN, JOSEHP J  
Address 7325 E. 5TH AVE. PARKWAY  
City-State-Zip: DENVER CO 80230

Title P  
Name LA FORGE, RALPH MSC  
Address 8 NORTH POSTON CT.  
City-State-Zip: DURHAM NC 27705

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

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

Title VP  
Name WIGGINS, BARBARA PHARM D  
Address 299 DAWSONVILLE ROAD  
City-State-Zip: BARBOURSVILLE VA 22923

*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 R. SEYMOUR**

**ED**

**04/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date