

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011737

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

**FILED**  
**May 13, 2022**  
**Secretary of State**  
**7397763519CC**

**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.  
4427 HERSCHEL STREET  
JACKSONVILLE, FL 32210 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 HART, BRIAN JD  
Address 6816 SOUTHPOINT PARKWAY, STE.  
1000  
City-State-Zip: JACKSONVILLE FL 32216

Title PRESIDENT  
Name DIXON, DAVE L. PHARMD  
Address 410 N 12TH ST  
City-State-Zip: RICHMOND VA 23298

Title GOVERNOR  
Name BOLICK, JULIE P MS, RDN  
Address 3973 E. LITTLE COTTONWOOD LANE  
City-State-Zip: SANDY UT 84092

Title SECRETARY  
Name ELKINS, JOHN C  
Address 9245 CREEK CT.  
City-State-Zip: MOBILE AL 36695

Title TREASURER  
Name UUSINARKAUS, KARI MD  
Address 3590 CAMELS RIDGE LANE  
City-State-Zip: COLORADO SPRINGS CO 80904

*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: BRIAN HART**

**ED**

**05/13/2022**

Electronic Signature of Signing Officer/Director Detail

Date