

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011737

Entity Name: ACCREDITATION COUNCIL FOR CLINICAL LIPIDOLOGY, INC.

FILED
Apr 15, 2020
Secretary of State
0316072922CC

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 MAKI, KEVIN MD
Address 814 DORSET DR
City-State-Zip: WHEATON IL 60189

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

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

Title SECRETARY
Name CROY, DEBORAH S DNP, RN
Address 141 GUARD DRIVE
City-State-Zip: PRINCETON WV 24740

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

04/15/2020

Electronic Signature of Signing Officer/Director Detail

Date