

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004254

FILED
Mar 15, 2005
Secretary of State

Entity Name: NATIONAL LIPID ASSOCIATION, INC.

Current Principal Place of Business:

8833 PERIMETER PARK BLVD
#301
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

8833 PERIMETER PARK BLVD
#301
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3727483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEYMOUR, CHRISTOPHER R ED
8833 PERIMETER PARK BLVD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

SEYMOUR, CHRISTOPHER R ED
8833 PERIMETER PARK BLVD
STE. 301
JACKSONVILLE, FL 32216 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

03/15/2005

Date

OFFICERS AND DIRECTORS:

Title: B () Delete
Name: BROWN, W. VIRGIL MD
Address: 1670 CLAIRMONT RD.
City-St-Zip: DECATUR, GA 30033

Title: B () Delete
Name: GUYTON, JOHN R MD
Address: DUKE UNIV. MEDICAL CENTER, BOX 3510
City-St-Zip: DURHAM, NC 27710

Title: T () Delete
Name: JOHNSON, RALPH H
Address: STROM THUMOND BLDG RM 529 109 BEE ST
City-St-Zip: CHARLESTON, SC 29403

Title: ED () Delete
Name: SEYMOUR, CHRISTOPHER R ED
Address: 8833 PERIMETER PARK BLVD. #301
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: B (X) Change () Addition
Name: GUYTON, JOHN MD
Address: DUKE UNIV DEPT OF MED., BOX 3510
City-St-Zip: DURHAM, NC 27710

Title: B (X) Change () Addition
Name: JONES, PETER MD
Address: 6565 FANNIN STREET, A601
City-St-Zip: HOUSTON, TX 77030

Title: T (X) Change () Addition
Name: MCKENNEY, JAMES M
Address: 2809 EMERYWOOD PKWY, STE. 140
City-St-Zip: RICHMOND, VA 23294

Title: ED (X) Change () Addition
Name: SEYMOUR, CHRISTOPHER R
Address: 8833 PERIMETER PARK BLVD. #301
City-St-Zip: JACKSONVILLE, FL 32216

Title: S () Change (X) Addition
Name: BROWN, B. G MD
Address: 1959 PACIFIC ST., BLDG. A-509
City-St-Zip: SEATTLE, WA 98195

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER SEYMOUR

Electronic Signature of Signing Officer or Director

ED

03/15/2005

Date