

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004254

FILED
Feb 16, 2006
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
STE. 301
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

Title: T () Delete
Name: MCKENNEY, JAMES M
Address: 2809 EMORYWOOD PKWY, STE. 140
City-St-Zip: RICHMOND, VA 23294

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: ANNE, GOLDBERG MD
Address: CAMPUS BOX 8127, 660 S. EUCLID AVE.
City-St-Zip: ST. LOUIS, MO 63110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: THOMAS, BERSOT MD
Address: GLADSTONE INST. OF CARDIO., 1650 OWENS ST.
City-St-Zip: SAN FRANCISCO, CA 94158

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JONES, PETER

B

02/16/2006

Electronic Signature of Signing Officer or Director

Date