

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004254

FILED  
Apr 11, 2007  
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: JONES, PETER MD  
Address: 6565 FANNIN STREET, A601  
City-St-Zip: HOUSTON, TX 77030

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: STONE, NEIL J MD  
Address: 1356 EDGEWOOD LANE  
City-St-Zip: WINNETKA, IL 60093

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

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

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: CHRISTOPHER SEYMOUR

ED

04/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date