

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004254

FILED
Jan 31, 2008
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:

6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216

Current Mailing Address:

8833 PERIMETER PARK BLVD
#301
JACKSONVILLE, FL 32216

New Mailing Address:

6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216

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:

SEYMOUR, CHRISTOPHER R ED
6816 SOUTHPOINT PKWY, STE 1000
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:

01/31/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: PE () 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: BERSOT, THOMAS P MD
Address: 1650 OWENS STREET
City-St-Zip: SAN FRANCISCO, CA 94158

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

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

Title: ED (X) Change () Addition
Name: SEYMOUR, CHRISTOPHER R
Address: 6816 SOUTHPOINT PKWY, STE 1000
City-St-Zip: JACKSONVILLE, FL 32216

Title: S (X) Change () Addition
Name: BITTNER, VERA A MD
Address: 701 19TH STREET SOUTH, LHRB 310 - UAB STAT
City-St-Zip: BIRMINGHAM, AL 35294

I hereby certify that the information supplied with this filing does not qualify 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 R. SEYMOUR

ED

01/31/2008

Electronic Signature of Signing Officer or Director

Date