

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004254

FILED
Apr 23, 2009
Secretary of State

Entity Name: NATIONAL LIPID ASSOCIATION, INC.

Current Principal Place of Business:

6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6816 SOUTHPOINT PKWY, STE 1000
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
6816 SOUTHPOINT PKWY, STE 1000
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: T () Delete
Name: BERSOT, THOMAS P MD
Address: 1650 OWENS STREET
City-St-Zip: SAN FRANCISCO, CA 94158

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: DAVIDSON, MICHAEL H MD
Address: 515 N. STATE STREET, STE 2700
City-St-Zip: CHICAGO, IL 60610

Title: S (X) Change () Addition
Name: KRIS-ETHERTON, PENNY PHD, RD
Address: 317 CHANDLEE LAB
City-St-Zip: UNIVERSITY PARK, PA 16802

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 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

04/23/2009

Electronic Signature of Signing Officer or Director

Date