

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004254

FILED
Mar 23, 2010
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: P
Name: VITTNER, VERA MD
Address: 2728 HIGHLAND COURT SOUTH
City-St-Zip: BIRMINGHAM, AL 35205

Title: PE
Name: DAVIDSON, MICHAEL H MD
Address: 515 N. STATE STREET, STE 2700
City-St-Zip: CHICAGO, IL 60610

Title: T
Name: KRIS-ETHERTON, PENNY PHD, RD
Address: 317 CHANDLEE LAB
City-St-Zip: UNIVERSITY PARK, PA 16802

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

Title: S
Name: TOTH, PETER P MD
Address: 17719 GRANDVIEW DR.
City-St-Zip: STERLING, IL 61081

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER SEYMOUR

ED

03/23/2010

Electronic Signature of Signing Officer or Director

Date