

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003483

FILED
Apr 11, 2007
Secretary of State

Entity Name: AMERICAN BOARD OF CLINICAL LIPIDOLOGY, 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: 59-3779919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE SUITE 115
JACKSONVILLE, FL 32204 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: PD () Delete
Name: BROWN, W VIRGIL MD
Address: 1670 CLAIRMONT RD
City-St-Zip: DECATUR, GA 30033

Title: PED () Delete
Name: GUYTON, JOHN MD
Address: DEPT OF MED. BOX 3510, ROOM 281 TRENT DR
City-St-Zip: DURHAM, NC 27710

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

Title: TD () Delete
Name: BROWN, B. GREG MD
Address: 1959 NE PACIFIC STREET
City-St-Zip: SEATTLE, WA 98195

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, W VIRGIL MD
Address: 1670 CLAIRMONT RD
City-St-Zip: DECATUR, GA 30033

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

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

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

E

04/11/2007

Electronic Signature of Signing Officer or Director

Date