

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003483

FILED  
Jan 31, 2008  
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:**

6816 SOUTPOINT PKWY, STE 1000  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

8833 PERIMETER PARK BLVD #301  
JACKSONVILLE, FL 32216

**New Mailing Address:**

6816 SOUTPOINT PKWY, STE 1000  
JACKSONVILLE, FL 32216

**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: P ( ) 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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PED (X) Change ( ) Addition  
Name: GUYTON, JOHN MD  
Address: 3805 NORTHAMPTON ROAD  
City-St-Zip: DURHAM, NC 27707

Title: SD (X) Change ( ) Addition  
Name: JONES, PETER MD  
Address: 2334 TANGLEY  
City-St-Zip: HOUSTON, TX 770005

Title: TD (X) Change ( ) Addition  
Name: BROWN, B. GREG MD  
Address: 2815 EASTLAKE AVE. E., SUITE 200  
City-St-Zip: SEATTLE, WA 98102

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

Title: ED ( ) Change (X) Addition  
Name: SIRDEVAN, NICOLA  
Address: 6816 SOUTPOINT PKWY, STE 1000  
City-St-Zip: JACKSONVILLE, FL 32216

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: NICOLA SIRDEVAN

ED

01/31/2008

Electronic Signature of Signing Officer or Director

Date