

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003483

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** AMERICAN BOARD OF CLINICAL LIPIDOLOGY, INC.

**Current Principal Place of Business:**

6816 SOUTPOINT PKWY, STE 1000  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

6816 SOUTHPOINT PKWY, STE 1000  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6816 SOUTPOINT PKWY, STE 1000  
JACKSONVILLE, FL 32216

**New Mailing Address:**

6816 SOUTHPOINT 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: 3805 NORTHAMPTON ROAD  
City-St-Zip: DURHAM, NC 27707

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

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

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

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

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

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

Title: PE (X) Change ( ) Addition  
Name: GOLDBERG, ANNE MD  
Address: 7352 KINGSBURY  
City-St-Zip: ST. LOUIS, MO 63130

Title: T (X) Change ( ) Addition  
Name: SCHAEFER, ERNST MD  
Address: 711 WASHINGTON STREET  
City-St-Zip: BOSTON, MA 02111

Title: S (X) Change ( ) Addition  
Name: BRINTON, ELIOT MD  
Address: 420 CHIPETA WAY, RM 1160  
City-St-Zip: SALT LAKE CITY, UT 84108

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

Title: ED (X) Change ( ) Addition  
Name: SIRDEVAN, NICOLA  
Address: 6816 SOUTHPOINT 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: CHRISTOPHER SEYMOUR

ED

04/23/2009

Electronic Signature of Signing Officer or Director

Date