2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2012
Secretary of State

DOCUMENT# N03000003483

Entity Name: AMERICAN BOARD OF CLINICAL LIPIDOLOGY, 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: 59-3779919 **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: S
Name: HOWARD, WILLIAM J MD
Address: 110 IRVING ST NW STE 6A-126
City-St-Zip: WASHINGTON, DC 20010

Title: P
Name: GOLDBERG, ANNE MD
Address: 7352 KINGSBURY
City-St-Zip: ST. LOIUS, MO 63130

Title: T
Name: SCHAEFER, ERNST MD
Address: 711 WASHINGTON STREET
City-St-Zip: BOSTON, MA 02111

Title: VP
Name: BRINTON, ELIOT MD
Address: 420 CHIPETA WAY, RM 1160
City-St-Zip: SALT LAKE CITY, UT 84108

Title: ED
Name: SIRDEVAN, NICOLA
Address: 6816 SOUTHPOINT PKWY, STE 1000
City-St-Zip: JACKSONVILLE, FL 32216

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: NICOLA SIRDEVAN ED 03/27/2012

Electronic Signature of Signing Officer or Director — Date