

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008468

FILED
Mar 15, 2005
Secretary of State

Entity Name: MIDWEST LIPID ASSOCIATION, 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: 20-1565965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVE STE 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: D () Delete
Name: STONE, NEIL M.D.
Address: 8833 PERIMETER PARK BLVD #301
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: DAVIDSON, MICHAEL M.D.
Address: 8833 PERIMETER PARK BLVD #301
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: GOLDBERG, ANN M.D.
Address: 8833 PERIMETER PARK BLVD #301
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: ROBINSON, JENNIFER M.D.
Address: 8833 PERIMETER PARK BLVD #301
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: PHAM, MICHAEL M.D.
Address: 8833 PERIMETER PARK BLVD #301
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Delete
Name: BROWN, ALAN M.D.
Address: 8833 PERIMETER PARK BLVD #301
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STONE, NEIL J M.D.
Address: 211 E. CHICAGO AVE., STE. 1050
City-St-Zip: CHICAGO, IL 60611

Title: PE (X) Change () Addition
Name: DAVIDSON, MICHAEL M.D.
Address: 515 N. STATE ST., STE. 2700
City-St-Zip: CHICAGO, IL 60610

Title: S (X) Change () Addition
Name: GOLDBERG, ANNE C M.D.
Address: 660 S. EUCLID AVE., CAMPUS BOX 8127
City-St-Zip: ST. LOUIS, MO 63110

Title: T (X) Change () Addition
Name: ROBINSON, JENNIFER M.D.
Address: 200 HAWKINS DR., SE226GH
City-St-Zip: IOWA CITY, IA 52242

Title: ED (X) Change () Addition
Name: SEYMOUR, CHRISTOPHER R
Address: 8833 PERIMETER PARK BLVD., STE. 301
City-St-Zip: JACKSONVILLE, FL 32216

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 Section 119.07(3)(i), 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

03/15/2005

Electronic Signature of Signing Officer or Director

Date