

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011737

FILED
Apr 23, 2009
Secretary of State

Entity Name: ACCREDITATION COUNCIL FOR 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: 20-5871963

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: P () Delete
Name: MCKENNEY, JAMES
Address: 2809 EMERYWOOD PARKWAY, STE. 140
City-St-Zip: RICHMOND, VA 23294

Title: S () Delete
Name: WIGGINS, BARBARA
Address: P.O. BOX 800674, UNIVERSITY OF VIRGINIA
City-St-Zip: CHARLOTTESVILLE, VA 22908

Title: T () Delete
Name: LA FORGE, RALPH MSC
Address: DUKE LIPID CLINIC, DEPT. OF MED., DUMC 3510
City-St-Zip: DURHAM, NC 27710

Title: VP () Delete
Name: MASON, CAROL M. ARNP
Address: USF HEART HEALTH, 1547 WINDING WILLOW DR.
City-St-Zip: TRINITY, FL 34655

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: ED (X) Change () Addition
Name: SEYMOUR, CHRISTOPHER R MBA
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