

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 23, 2010
Secretary of State

Entity Name: ACCREDITATION COUNCIL FOR 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: 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
Name: MCKENNEY, JAMES PHARM D
Address: 704 OLD STREAM RD
City-St-Zip: MANAKIN SABOT, VA 23103

Title: VP
Name: MASON, CAROL ARNP
Address: 601 BAYSHORE DRIVE
City-St-Zip: TAMPA, FL 34655

Title: ED
Name: SEYMOUR, CHRISTOPHER
Address: 6816 SOUTHPOINT PARKWAY, STE. 1000
City-St-Zip: JACKSONVILLE, FL 32216

Title: T
Name: LA FORGE, RALPH MSC
Address: 8 NORTH POSTON CT.
City-St-Zip: DURHAM, NC 27705

Title: S
Name: WIGGINS, BARBARA PHARM D
Address: 299 DAWSONVILLE ROAD
City-St-Zip: BARBOURSVILLE, VA 22923

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: CHRISTOPHER SEYMOUR

ED

03/23/2010

Electronic Signature of Signing Officer or Director

Date