

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004119

FILED
Jan 28, 2004
Secretary of State

Entity Name: SOUTHEAST LIPID ASSOCIATION, INC.

Current Principal Place of Business:

8333 PERIOMETER PARK BLVD
STE 301
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

8333 PERIOMETER PARK BLVD
STE 301
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3585876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
8833 PERIMETER PARK BLVD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

NULAND, CHRISTOPHER L ESQ
8833 PERIMETER PARK BLVD
JACKSONVILLE, FL 32216 US

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: CHRIS NULAND

01/28/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, VIRGIL
Address: 1670 CLAIRMONT ROAD
City-St-Zip: DECATUR, GA 30033

Title: PT () Delete
Name: CROUSE, JOHN
Address: 1050 VAN HOLY AVE
City-St-Zip: WINSTON SALEM, NC 27104

Title: MD () Delete
Name: SEYMOUR, CHRISTOPHER
Address: 8833 PERIMETER PARK BLVD STE 301
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: GUYTON, JOHN
Address: DUKE UNIVERSITY MEDICAL BOX 3510
City-St-Zip: DURHAM, NC 27710

Title: TD () Delete
Name: LA FORGE, BETSY
Address: 8 N. POSTON COURT
City-St-Zip: DURHAM, NC 27705

Title: SD () Delete
Name: GOLDBERG, RONALD
Address: 1840 SW 133RD AVE.
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: B (X) Change () Addition
Name: BROWN, VIRGIL MD
Address: 1670 CLAIRMONT ROAD
City-St-Zip: DECATUR, GA 30033

Title: PT (X) Change () Addition
Name: CROUSE, JOHN MD
Address: 1050 VAN HOLY AVE
City-St-Zip: WINSTON SALEM, NC 27104

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

Title: B (X) Change () Addition
Name: GUYTON, JOHN MD
Address: DUKE UNIVERSITY MEDICAL BOX 3510
City-St-Zip: DURHAM, NC 27710

Title: TD (X) Change () Addition
Name: LA FORGE, BETSY MD
Address: 8 N. POSTON COURT
City-St-Zip: DURHAM, NC 27705

Title: SD (X) Change () Addition
Name: GOLDBERG, RONALD MD
Address: 1840 SW 133RD AVE.
City-St-Zip: MIRAMAR, FL 33027

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: CHRIS SEYMOUR

ED

01/28/2004

Electronic Signature of Signing Officer or Director

Date