

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000001479

FILED
Jan 28, 2004
Secretary of State

Entity Name: FLORIDA LIPID ASSOCIATES INCORPORATED

Current Principal Place of Business:

8833 PERIMETER PARK BLVD.
STE 301
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

8833 PERIMETER PARK BLVD.
STE 301
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3292015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEYMOUR, CHRISTOPHER R
8833 PERIMETER PARK BLVD.
STE 301
JACKSONVILLE, FL 32216 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZIAKA, PAUL
Address: 1511-B SLIGH BLVD
City-St-Zip: ORLANDO, FL 32806

Title: SD () Delete
Name: KLANCKE, KIM ME
Address: 695 N. CYCLE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD () Delete
Name: HOROWITZ, BARRY
Address: 1411 N FLAGLER DR., S-4600
City-St-Zip: WEST PALM BEACH, FL 33401

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

Title: VD () Delete
Name: BRAMLET, DEAN
Address: 1609 PASADENA AVE. S. #2C
City-St-Zip: ST. PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ZIAKA, PAUL MD
Address: 1511-B SLIGH BLVD
City-St-Zip: ORLANDO, FL 32806

Title: SD (X) Change () Addition
Name: KLANCKE, KIM MD
Address: 695 N. CYCLE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD (X) Change () Addition
Name: HOROWITZ, BARRY MD
Address: 1411 N FLAGLER DR., S-4600
City-St-Zip: WEST PALM BEACH, FL 33401

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

Title: VD (X) Change () Addition
Name: BRAMLET, DEAN MD
Address: 1609 PASADENA AVE. S. #2C
City-St-Zip: ST. PETERSBURG, FL 33707

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 607, 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