2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000001479

Entity Name: FLORIDA LIPID ASSOCIATES INCORPORATED

FILED Jan 22, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
222 WESTMONTE DR				8833 PERIMETER PARK BLVD.		
STE 101 ALTAMONTE SPRINGS, FL 32714				STE 301 JACKSONVILLE, FL 32216		
Current Mailing Address:				New Mailing Address:		
P.O. BOX 150127 ALTAMONTE SPRINGS, FL 32715				8833 PERIMETER PARK BLVD. STE 301 JACKSONVILLE, FL 32216		
FEI Number:	59-3292015	FEI Number Applied For ()	FEI Numi	ber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
BERRY, NANCY				SEYMOUR, CHRISTOPHER R		
222 S. WESTMONTE DR STE 101				8833 PERIMETER PARK BLVD. STE 301		
ALTAMONTE SPRINGS, FL 32714 US				JACKSONVILLE, FL 32216 US		
The above in the State		ubmits this statement for the pur	pose of	changing its	s registered	d office or registered agent, or both,
SIGNATURE: CHRISTOPHER R. SEYMOUR				01/22/2003		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	, ,	Delete		Title:		() Change () Addition
Name:	ZIAKA, PAUL	WD		Name:		
Address: City-St-Zip:	1511-B SLIGH BI ORLANDO, FL 3			Address: City-St-Zip:		
o.i., op.				,		
Title:		Delete		Title:		() Change () Addition
Name:	KLANCKE, KIM I			Name:		
Address: City-St-Zip:	695 N. CYCLE M DAYTONA BEAC			Address: City-St-Zip:		
Oity Ot 2.p.	5,1110141,52,10	.,,. 2 32111		Ony of 2.p.		
Title:		Delete		Title:		() Change () Addition
Name:	HOROWITZ, BAF			Name:		
Address:	1411 N FLAGLER			Address:		
City-St-Zip:	WEST PALM BE	4CH, FL 33401		City-St-Zip:		
Title:	ED ()[Delete		Title:	MD	(X) Change () Addition
Name:	BERRY, NANCY			Name:		CHRISTOPHER R
Address:		NTE DR, STE 101		Address:		METER PARK BLVD.
City-St-Zip:	ALIAMONTE SP	RINGS, FL 32714	'	City-St-Zip:	JACKSONVI	LLE, FL 32216
Title:		Delete		Title:	VD	(X) Change () Addition
Name:	JAFFE, JONATH			Name:	BRAMLET, [
Address:	2477 POINCIANA			Address:		DENA AVE. S. #2C
City-St-Zip:	WESTON, FL 33	1321		City-St-Zip:	SI. PEIERS	SBURG, 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: CHRISTOPHER R. SEYMOUR MD 01/22/2003