2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2014
Secretary of State
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Entity Name: ACCREDITATION COUNCIL FOR CLINICAL LIPIDOLOGY, INC.

Current Principal Place of Business:

6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216

Current Mailing Address:

6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216

FEI Number: 20-5871963

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L.
1000 RIVERSIDE AVE., STE. 115
JACKSONVILLE, FL 32204 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	T
Name	SASEEN, JOSEHP J
Address	7325 E. 5TH AVE. PARKWAY
City-State-Zip:	DENVER CO 80230

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

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

Title	S
Name	COFER-CHASE, LYNN MSN
Address	1 N 575 AUGUSTA CT
City-State-Zip:	WINFIELD IL 60190

Title	VP
Name	WIGGINS, BARBARA PHARMD
Address	299 DAWSONVILLE ROAD
City-State-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 04/26/2014

Electronic Signature of Signing Officer/Director Detail — Date