

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90011 001 ****61.25

DOCUMENT # 730895

1. Entity Name
FLORIDA SOCIETY OF HEALTH-SYSTEM PHARMACISTS, IN

| | |
|--|---|
| Principal Place of Business 2304 KILLEARN CENTER BLVD., STE. A TALLAHASSEE FL 32308 US | Mailing Address 2304 KILLEARN CENTER BLVD., STE. A TALLAHASSEE FL 32308-3524 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-6549147 | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| Zip | Country | Zip | Country | | | |

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|----|----------|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| PIKE, DEREK 2304 KILEARN CENTER BLVD., STE. A TALLAHASSEE FL 32308 | | | | Name | | | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | City | | | | FL | Zip Code |
| | | | | | | | | | |

8. 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 *Derek Pike C.O.O.* DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | | | |
|---------------------------------|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|------------------------------------|--|--|---|-----------------------|---------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | RUSSELL, WAYNE | | | NAME | RUSSELL, MICHAEL | | |
| STREET ADDRESS | 805 NE 4TH TERR. | | | STREET ADDRESS | 2326 FOXBORO WAY | | |
| CITY-ST-ZIP | GAINESVILLE FL 32601 | | | CITY-ST-ZIP | TALLAHASSEE, FL 32308 | | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | WITAS, RICHARD | | | NAME | BUFFINGTON, DAN | | |
| STREET ADDRESS | MOFFITT CANCER CTR, 12902 MAG | | | STREET ADDRESS | 6285 E. FOWLER AVE. | | |
| CITY-ST-ZIP | TAMPA FL 33612 | | | CITY-ST-ZIP | TAMPA, FL 33617-3304 | | |
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | OSTERBERGER, DAVID | | | NAME | | | |
| STREET ADDRESS | 9333 SW 152ND ST. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL 33157 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CLARK, JOHN | | | NAME | | | |
| STREET ADDRESS | 7956 PEMBROKE RD. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIRAMAR FL 33023 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | JOHNSON, PHIL | | | NAME | | | |
| STREET ADDRESS | 13718 CHESTERSAIL DR. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMPA FL | | | CITY-ST-ZIP | | | |
| TITLE | M | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PIKE, DEREK | | | NAME | | | |
| STREET ADDRESS | 2304 KILLEARN CENTER BLVD., STE. A | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | | | CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Derek Pike* **REQUIRED** Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)