

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90032 007 ****61.25

DOCUMENT # 730895

1. Entity Name

FLORIDA SOCIETY OF HEALTH-SYSTEM PHARMACISTS, IN

Principal Place of Business

Mailing Address

**2304 KILLEARN CENTER BLVD., STE. A
 TALLAHASSEE FL 32308
 US**

**2304 KILLEARN CENTER BLVD., STE. A
 TALLAHASSEE FL 32308
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6549147

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

4/16/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$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 NAME	D RUSSELL, WAYNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2336 FOXBORO WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE NAME	T WITAS, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	MOFFITT CANCER CTR, 12902 MAG	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE NAME	P OSTERBERGER, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	9333 SW 152ND ST.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE NAME	D CLARK, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7956 PEMBROKE RD.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE NAME	D BUFFINGTON, DAN	<input type="checkbox"/> Delete
STREET ADDRESS	6285 E. FOWLER AVE.	
CITY-ST-ZIP	TAMPA FL 33617-3304	
TITLE NAME	M PIKE, DEREK	<input type="checkbox"/> Delete
STREET ADDRESS	2304 KILLEARN CENTER BLVD., STE. A	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE NAME	D Michele Weizer - Simon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5301 S. CONGRESS AVE.	
CITY-ST-ZIP	ATLANTA, FL 33462	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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 all other the empowered.

SIGNATURE:

Derek Pike **REQUIRED**

4/16/01

850-906-9333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)