

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730895

FILED
Jan 04, 2005
Secretary of State

Entity Name: FLORIDA SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC.

Current Principal Place of Business:

2304 KILLEARN CENTER BLVD., STE. B
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

2304 KILLEARN CENTER BLVD., STE. B
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-6549147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, PAMELA A
2304 KILEARN CENTER BLVD., STE. B
TALLAHASSEE, FL 32308 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

OFFICERS AND DIRECTORS:

Title: M () Delete
Name: WHITE, PAMELA A
Address: 2304 KILLEARN CENTER BLVD,STE. B
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: COLL, RENA E
Address: 11101 NW 23RD CT.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T () Delete
Name: KESSINGER, STEVE
Address: 636 DEL PRADO BLVD.
City-St-Zip: CAPE CORAL, FL 33990

Title: P () Delete
Name: JOHNS, THOMAS
Address: PO BOX 100316
City-St-Zip: GAINESVILLE, FL 32610 US

Title: D () Delete
Name: FREZZA, TONY
Address: 10924 DEARDEN CIRCLE
City-St-Zip: ORLANDO, FL 32817 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RAHM, RISA E
Address: 1401 W SEMINOLE BLVD
City-St-Zip: SANFORD, FL 32771

Title: P (X) Change () Addition
Name: KESSINGER, STEVE
Address: 636 DEL PRADO BLVD.
City-St-Zip: CAPE CORAL, FL 33990

Title: D (X) Change () Addition
Name: JOHNS, THOMAS
Address: PO BOX 100316
City-St-Zip: GAINESVILLE, FL 32610 US

Title: T (X) Change () Addition
Name: FREZZA, TONY
Address: 10924 DEARDEN CIRCLE
City-St-Zip: ORLANDO, FL 32817 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA A WHITE

M

01/04/2005

Electronic Signature of Signing Officer or Director

Date