

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730895

FILED
Mar 08, 2007
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 KILLEARN 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: RAHM, RISA
Address: 1401 W SEMINOLE BLVD
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: MCQUONE, MICHAEL
Address: 2304 KILLEARN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: BURNAKIS, THOMAS
Address: 5007 RIPPLE RUSH DRIVE N
City-St-Zip: JACKSONVILLE, FL 32257 US

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

03/08/2007

Electronic Signature of Signing Officer or Director

_____ Date