

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730895

FILED
Apr 21, 2010
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:

MCQUONE, MICHAEL J
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
Name: MCQUONE, MICHAEL J
Address: 2304 KILLEARN CENTER BLVD,STE. B
City-St-Zip: TALLAHASSEE, FL 32309

Title: P
Name: IAFRATE, R. PETER
Address: 10106 SW 37TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: FULLER, ALISSA
Address: 23321 SANDS POINTE DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: D
Name: MONTGOMERY, RICHARD
Address: 1623 DORMONT LANE
City-St-Zip: ORLANDO, FL 32804 US

Title: T
Name: BROWN, DEBORAH
Address: 3204 STONEBRIDGE TRAIL
City-St-Zip: VALRICO, FL 33996 US

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: MICHAEL J MCQUONE

M

04/21/2010

Electronic Signature of Signing Officer or Director

Date