

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90191 001 \*\*\*211.25

**DOCUMENT # 731046**

1. Entity Name

**FLORIDA PHARMACY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**610 NORTH ADAMS STREET  
 TALLAHASSEE FL 32301**

**610 NORTH ADAMS STREET  
 TALLAHASSEE FL 32301-1114**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0248221**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, MICHAEL A  
 6440 JUSTIN GRANT TRAIL  
 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE



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	CD	<input type="checkbox"/> Delete
NAME	NICHOLS, REBECCA	
STREET ADDRESS	120 STATE ROAD 419	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	ACKERMAN, PAUL	
STREET ADDRESS	12831 INSMORE DR	
CITY-ST-ZIP	PALM BEACH GARDEN FL 33410-2021	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	JACKSON, MICHAEL A	
STREET ADDRESS	6440 JUSTIN GRANT TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILSON, ROBERT	
STREET ADDRESS	1717 NORTH E ST	
CITY-ST-ZIP	PENSACOLA FL 32501-8344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Alvarez	
STREET ADDRESS	13445 SW 90th Terrace	
CITY-ST-ZIP	Miami, FL 33186-1574	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Bergmann	
STREET ADDRESS	214 Hollow Oak	
CITY-ST-ZIP	Tarpon Springs, FL 34689-3536	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Wilson	
STREET ADDRESS	1717 North E Street	
CITY-ST-ZIP	Pensacola, FL 32501-6344	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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 like empowered.

SIGNATURE:

*MICHAEL A. JACKSON*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/2000

(850) 222-2400

Date

Daytime Phone #