

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90286 001 \*\*\*211.25

**DOCUMENT # 731046**  
 1. Entity Name  
 FLORIDA PHARMACY ASSOCIATION, INC.



Principal Place of Business  
 610 NORTH ADAMS STREET  
 TALLAHASSEE, FL 32301

Mailing Address  
 610 NORTH ADAMS STREET  
 TALLAHASSEE, FL 32301

**66000091**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01052006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent  
 JACKSON, MICHAEL A  
 610 NORTH ADAMS STREET  
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Michael A. Jackson* MICHAEL A. JACKSON EXECUTIVE VICE PRESIDENT AND CEO 1/10/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	FALLON, LEO	
STREET ADDRESS	17158 SE 78 PARLANGE TERRACE	
CITY-ST-ZIP	THE VILLAGES, FL 33991	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	JACKSON, MICHAEL A	
STREET ADDRESS	6440 JUSTIN GRANT TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOYLES, GLENN	
STREET ADDRESS	3252 HARNESS CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PETSOS, KATHY	
STREET ADDRESS	618 MADISON AVENUE	
CITY-ST-ZIP	CAPE CANAVERAL, FL 329202213	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	TOLLE, THERESA	
STREET ADDRESS	5797 TREASURE LANE	
CITY-ST-ZIP	GRANT, FL 32949	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, HUMBERTO	
STREET ADDRESS	14217 SW 45TH STREET	
CITY-ST-ZIP	MIAMI, FL 331754316	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLON, LEO	
STREET ADDRESS	17158 SE 78 PARLANGE TERRACE	
CITY-ST-ZIP	THE VILLAGES, FL 33991	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLES, GLENN	
STREET ADDRESS	3252 HARNESS CIRCLE	
CITY-ST-ZIP	WELLINGTON, FL 33467	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETSOS, KATHY	
STREET ADDRESS	618 MADISON AVENUE	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONE, MICHAEL A	
STREET ADDRESS	8240 MARKET BOULEVARD #2304	
CITY-ST-ZIP	CHANHASSEN, MN 55317	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACEVES-BLUMENTHAL, CARLOS	
STREET ADDRESS	621 ISLAND ROAD	
CITY-ST-ZIP	MIAMI, FL 33137	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* MICHAEL A. JACKSON 1/10/06 (850) 222-2400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #