2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731046

FILED Jan 06, 2009 Secretary of State

Entity Name: FLORIDA PHARMACY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

610 NORTH ADAMS STREET TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

610 NORTH ADAMS STREET TALLAHASSEE, FL 32301

FEI Number: 59-0248221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JACKSON, MICHAEL A 610 NORTH ADAMS STREET TALLAHASSEE, FL 32301 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:CD () DeleteTitle:CD (X) Change () AdditionName:FALLON, LEOName:BERGEMANN, DONALDAddress:17158 SE 78 PARLANGE TERRACEAddress:214 HOLLOW OAK COURTCity-St-Zip:THE VILLAGES, FL 33991City-St-Zip:TARPON SPRINGS, FL 34689

Title: EVP () Delete Title: () Change () Addition

 Name:
 JACKSON, MICHAEL A
 Name:

 Address:
 6440 JUSTIN GRANT TRAIL
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32309
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 ALVAREZ, GOAR
 Name:
 KELLEY, SUZANNE

 Address:
 5831 SW 88TH TERRACE
 Address:
 2299 SCENIC HWY R-7

 City-St-Zip:
 COOPER CITY, FL 33328
 City-St-Zip:
 PENSACOLA, FL 32503

Title: PD () Delete Title: D (X) Change () Addition Name: BERGEMANN, DON Name: PYTLRZ, ALEXANDER

Address: 214 HOLLOW OAK COURT Address: 4303 DEER KNOLL COURT
City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: BRANDON, FL 33511

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 MONE, MICHAÉL A
 Name:
 MONE, MICHAÉL A

 Address:
 8240 MARKET BLVD #2304
 Address:
 7000 CARDINAL PLACE

 City-St-Zip:
 CHANHASSEN, MN 55317
 City-St-Zip:
 DUBLIN, OH 43017

Title: VD () Delete Title: PD (X) Change () Addition

 Name:
 TOMAKA, NORMAN
 Name:
 TOMAKA, NORMAN

 Address:
 1977 PLAYER CIRCLE N
 Address:
 1977 PLAYER CIRCLE N

 City-St-Zip:
 MELBOURNE, FL 32935
 City-St-Zip:
 MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL A. JACKSON EVP 01/06/2009

Electronic Signature of Signing Officer or Director

Date