

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731046

FILED
Jan 04, 2011
Secretary of State

Entity Name: FLORIDA PHARMACY ASSOCIATION, INC.

Current Principal Place of Business:

610 NORTH ADAMS STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

610 NORTH ADAMS STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-0248221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, MICHAEL A
610 NORTH ADAMS STREET
TALLAHASSEE, FL 32301 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: TD
Name: BERGEMANN, DONALD
Address: 214 HOLLOW OAK COURT
City-St-Zip: TARPON SPRINGS, FL 34689

Title: EVP
Name: JACKSON, MICHAEL A
Address: 6440 JUSTIN GRANT TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: CD
Name: WHALEN, KAREN
Address: 8606 SW 40TH AVENUE
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: RIFFEE, WILLIAN
Address: 101 SOUTH NEWELL DRIVE
City-St-Zip: GAINESVILLE, FL 32611

Title: P
Name: MARTINEZ, HUMBERTO
Address: 14217 SW 45TH STREET
City-St-Zip: MIAMI, FL 33175

Title: VD
Name: PARRADO, ROBERT
Address: 7922 FLOWERFIELD DRIVE
City-St-Zip: TAMPA, FL 33615

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 A. JACKSON

EVP

01/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date