

731046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

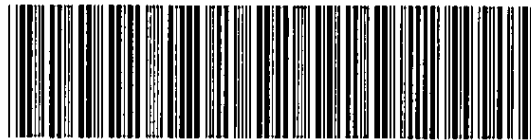
(Business Entity Name)

(Document Number)

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corp-32

NP # 731046

FLORIDA PHARMACEUTICAL ASSOCIATION, INC.

New Corporation Reincorporation Amendment (\$817.02)

Filed: 11/6/74

By:

ORIGINAL CHARTER: Filed in the Office of the Clerk of the Circuit Court of Dade County on the 22nd day of April, 1931 under the name of FLORIDA STATE PHARMACEUTICAL ASSOCIATION. Certificate of Amendment changing name to above filed November 6, 1974.

CC picked up
Jil
11/6/74

Ch# 731046

REQUEST FOR CORPORATE FILING

1. Document is to be FILED and CERTIFIED

Document is:

FOREIGN _____

AMENDMENT _____

DOMESTIC _____

REINSTATEMENT _____

LIMITED PARTNERSHIP _____

DISSOLUTION _____

TRADEMARK _____

OTHER
Please Specify

MERGER _____

Reincorporation By Amendment

FILED
NOV 6 8 51 AM 1974
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. FILING ATTORNEY OR INDIVIDUAL

NAME Edward S. Gaffney

ADDRESS 210 EAST College Avenue

CITY Tallahassee STATE FLA

AREA CODE, PHONE NUMBER 904/222-5732

67500 *** 3.00
67400 *** 5.00
67300 *** 15.00

3. DETAILS

Florida Pharmaceutical Association, Inc.

Certified Copy requested

Certificate Under Seal requested

Just get stamp on all remaining copies, please.

4. If you are not certain of the filing costs, please keep your check and we will let you know the total amount due.

\$ 23.00

In order to expedite your filing, you may obtain the correct change from the Treasurer's Office located in the northwest wing of the first floor of the Capitol.

Coming from Circuit Court by amendment

Stamp area with handwritten number *23.00*

*CC picked up
Jil
11/6/74*

MD

(THE) FLORIDA PHARMACEUTICAL ASSOCIATION, INC.

EDWARD JAFFRY
210 E. COLLEGE AVE.
TALLAHASSEE, FLA.

11/6/74

COMING FROM CIRCUIT COURT BY AMENDMENT TO
CHARTER
(Name change)

FILED
NOV 6 8 51 AM 1974
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMC

J

731046

CC picked up

11/6/74

Jil

STATE OF FLORIDA
DEPARTMENT OF STATE

Certificate Designating Place of Business or Domicile for the Service of Process Within This State and Naming Agent Upon Whom Process May Be Served and Names and Addresses of the Officers and Directors

Nov 6 10 51 AM 1934
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First-That FLORIDA PHARMACEUTICAL ASSOCIATION, INC.

a corporation duly organized and existing under the laws of the State of FLORIDA

with its principal office, as indicated in the articles of Incorporation at City of TALLAHASSEE

County of LEON, State of FLORIDA

has named JAMES B. POWERS

located at 201 WEST PARK AVENUE (ZIP 32301)
(Street address and number of building. P.O. Box address not acceptable)

City of TALLAHASSEE, County of LEON

State of Florida, as its agent to accept service of process within this state.

OFFICERS:	AFFIX TITLES: NAME	SPECIFIC ADDRESS
	<u>BERNARD J. CIMINO-President</u>	<u>Tampa, Florida</u>
	<u>WILLIAM NESTOR-President Elect</u>	<u>West Palm Beach, Florida</u>
	<u>STAN W. DAVIES-Exec. Comm. Chairman</u>	<u>Orlando, Florida</u>
	<u>JAMES B. POWERS-Executive Secretary</u>	<u>Tallahassee, Florida</u>
	<u>DENNIS FAULK-Treasurer</u>	<u>Ormond Beach, Florida</u>

DIRECTORS:	SPECIFIC ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By James B. Powers
(Corporate Officer)

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By James B. Powers
(Resident Agent)

It is necessary to file this certificate within thirty days after filing Certificate of Incorporation, as to domestic Corporations and within thirty days after issuance of permit to foreign corporations; and thereafter when corporation has changed its place of business or agent or changed its officers and/or directors.

Filing Fee: \$3.00
corp-23

CERTIFICATE OF AMENDMENT TO ARTICLES OF INCORPORATION

OF

FLORIDA PHARMACEUTICAL ASSOCIATION, INC.

FILED
NOV 6 8 51 AM 1974
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We, the undersigned, composing the Executive Committee of the Florida Pharmaceutical Association, Inc., a non-profit corporation, organized and existing under the Laws of the State of Florida, its Articles of Incorporation having been filed under the name of FLORIDA STATE PHARMACEUTICAL ASSOCIATION on April 22, 1931, in the Circuit Court of the Eleventh Judicial Circuit in and for Dade County, Florida, do hereby certify that at a meeting of the Executive Committee of the Corporation, duly held on November 24, 1973, Resolutions were duly adopted setting forth proposed amendments to the Articles of Incorporation under which said Corporation is constituted. The Resolutions setting forth the proposed amendments were and are as follows:

RESOLVED, that the Executive Committee of the Association hereby approved Amendments to Articles I, II, III, IV, VI and VIII, whereby said Articles should be deleted in their entirety, and the following Articles substituted therefor.

ARTICLE I. - NAME

The name of this corporation is hereby changed to:

FLORIDA PHARMACEUTICAL ASSOCIATION, INC.,

and the principal place of business of such corporation shall be 201 West Park Avenue (P. O. Box 960), Tallahassee, Florida 32301, or at such other place within the State of Florida as may be deemed necessary, expedient or convenient by the Executive Committee of the Association.

ARTICLE II. - OBJECT

The aim of the Association shall be to unite all persons interested in the profession of pharmacy in the State of Florida for the following purposes:

(a) To support and encourage better standards of pharmaceutical education at all levels of the profession in order to attract the highest qualified personnel into the profession of pharmacy.

(b) To establish and maintain relations with the medical and paramedical professions and governmental bodies and agencies in order to improve the quality of health care to the general public.

(c) To restrict the practice of pharmacy to properly qualified pharmacists in order to gain mutual strength needed to protect the welfare of the public.

ARTICLE III. - MEMBERSHIP

The Association shall have four types of membership: Unit, Associate, Student and Honorary.

Section 1 -- Unit Members. Unit members shall be those persons who otherwise qualify as members in good standing and who are licensed Pharmacists, entitled to practice pharmacy in the State of Florida.

Section 2 -- Associate Members. Associate members shall be those persons who otherwise qualify as members in good standing, and who are interested in pharmacy or are associated with the business or professions related to the pharmaceutical profession, who shall submit application for membership and who shall comply with such requirements as may be established by the Association in its By-Laws.

Section 3 -- Student Members. Student members shall be those persons who otherwise qualify as members in good standing and are students in good standing, matriculated in a college or school of pharmacy in the State of Florida.

Section 4 -- Honorary Members. The Association may elect to honorary membership any person interested in pharmacy or its related sciences, at any annual meeting or special meeting of the Association called for such purpose.

ARTICLE IV. - TERM OF EXISTENCE

The term for which this corporation shall exist shall be perpetual.

ARTICLE VI. - EXECUTIVE COMMITTEE AND OFFICERS

The affairs of the Association shall be managed by an Executive Committee of which the immediate past president shall serve as Chairman. It shall consist of the President, the President-Elect as Chairman of the House of Delegates, the immediate Past President, the Treasurer, the Executive Secretary, and the President of the Florida Society of Hospital Pharmacists, each of whom shall be ex-officio members of said Committee, and the President of each of the Florida District Pharmaceutical Associations and one member at large from each district. The member at large will be elected in each district at their last meeting prior to the annual meeting of the Association.

The Officers of the Association shall be a President, a President-Elect, a Treasurer, an Executive Secretary. In the event of death, disability, resignation, non-residence or removal from office of any officer of the Association, or in the event any elective officer shall for any reason be unable or unwilling to act, then in such event the Executive Committee shall appoint the successor in office of the said officer for the unexpired term of office.

ARTICLE VIII. - AMENDMENTS TO ARTICLES OF INCORPORATION
AND BY-LAWS

Amendments to these Articles of Incorporation and By-Laws shall be approved by the Executive Committee and proposed by them to the House of Delegates and approved by a two-thirds (2/3) vote of those voting members present at any regular meeting or special meeting called for that purpose; provided, however, thirty (30) days notice of that meeting shall be given by the House of Delegates in a manner approved by the Executive Committee.

Upon motion duly made and carried, it was
FURTHER RESOLVED, that Articles V and VII of the
original Articles of Incorporation are hereby re-adopted and
shall continue to be a part of the Articles of Incorporation,
as amended, of the FLORIDA PHARMACEUTICAL ASSOCIATION, INC.; and

FURTHER RESOLVED, that Articles IX, X and XI of said
original Articles of Incorporation are hereby repealed,
rescinded and of no further force and effect; and

FURTHER RESOLVED, that the foregoing Articles I, II,
III, IV, VI, and VIII, as amended, and Articles V and VII
of the original Articles of Incorporation, constitute the
composite charter of the FLORIDA PHARMACEUTICAL ASSOCIATION,
INC.

IN WITNESS WHEREOF, the undersigned, constituting the
Executive Committee of the FLORIDA PHARMACEUTICAL ASSOCIATION,
INC., hereby set their hands and seals, and cause the seal of
said corporation to be affixed hereto, this 20th day of
October, 1974, for the purposes herein stated.

EXECUTIVE COMMITTEE OF THE
FLORIDA PHARMACEUTICAL ASSOCIATION, INC.

(CORPORATE SEAL)

Wilma Jean Fish (SEAL)
Wilma Jean Fish

Palmer Purser, Jr. (SEAL)
Palmer Purser, Jr.

Richard C. Clayton (SEAL)
Richard C. Clayton

Michael W. Stamitoles (SEAL)
Michael W. Stamitoles

William Nestor (SEAL)
William Nestor - President Elect

Bernard J. Cimino (SEAL)
Bernard J. Cimino - President

John W. Davies
John W. Davies - Executive Committee Chairman

Haynes H. McDaniel, Jr.
Haynes H. McDaniel, Jr. - Hospital Pharmacy

Leon H. Fertic
Leon H. Fertic

William B. Seabrook, Jr.
William B. Seabrook, Jr.

J. W. De Los Reyes, Jr.
J. W. De Los Reyes, Jr.

David Friedlander
David Friedlander

Alfred A. Reinhardt
Alfred A. Reinhardt

James B. Powers
James B. Powers - Executive Secretary

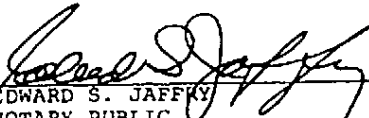
Dennis A. Faulk
Dennis A. Faulk

STATE OF FLORIDA)
)
COUNTY OF LEON)

Before me this day personally appeared WILMA JEAN FISH,
PALMER PURSER, JR, RICHARD C. CLAYTON, MICHAEL W. STAMITOLES,
WILLIAM NESTOR (President Elect), BERNARD J. CIMINO (President),
JOHN W. DAVIES (Executive Committee Chairman), HAYNES A.
McDANIEL, JR., LEON H. FERTIC, WILLIAM B. SEABROOK, JR.,
J. A. DE LOS REYES, JR., DAVID FRIEDLANDER, ALFRED A. REINHARDT,
JAMES B. POWERS (Executive Secretary) and DENNIS A. FAULK,
who, being duly sworn, deposes and says that they are members
of the Executive Committee of the FLORIDA PHARMACEUTICAL
ASSOCIATION, INC., a nonprofit corporation, organized and existing
under the laws of the State of Florida, and that they signed
the foregoing Certificate of Amendment as such and on behalf
of said corporation for the purposes stated therein.

WITNESS my hand and official seal this 20th day of October,
1974.

(SEAL)


EDWARD S. JAFFEY
NOTARY PUBLIC
State of Florida at Large

My commission expires: My commission expires Jun. 2, 1977
Notary Public, State of Florida at Large
My Commission Expires Jun. 2, 1977
Issued by American Fire & Casualty Co.

A F F I D A V I T

STATE OF FLORIDA)
)
COUNTY OF LEON)

FILED
NOV 8 8 51 AM 1974
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BERNARD J. CIMINO, being first duly sworn, depose and says that he is the President of the FLORIDA PHARMACEUTICAL ASSOCIATION, INC., formerly known as the FLORIDA STATE PHARMACEUTICAL ASSOCIATION, a nonprofit corporation; that the attached document is a true and correct copy of the Charter of the FLORIDA STATE PHARMACEUTICAL ASSOCIATION, filed in the Circuit Court of the Eleventh Judicial Circuit, Dade County, Florida, on April 22, 1931, as reflected on the attached certification; that there have been no amendments heretofore to said Charter; that he has read the documents attached hereto and knows the contents thereof; and that this Affidavit has been signed by him as President of said corporation for the purpose of reincorporation pursuant to Sections 617.012 and 617.02, Florida Statutes.

Bernard J. Cimino

(CORPORATE SEAL)

BERNARD J. CIMINO - President
FLORIDA PHARMACEUTICAL ASSOCIATION, INC.
(FLORIDA STATE PHARMACEUTICAL ASSOCIATION)

Subscribed and sworn to before me this 20th day of
October, 1974.

Edward S. Joffe
NOTARY PUBLIC
State of Florida at Large

(SEAL)

Notary Public, State of Florida at Large
My Commission Expires Jan. 2, 1977
Bonded by American Fire & Casualty Co.

My commission expires: _____

PROPOSED CHARTER

of

FLORIDA STATE PHARMACEUTICAL ASSOCIATION

We, the undersigned, do hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida, providing for the formation of a corporation not for profit, under the following proposed Charter:

NOV 6 8 51 AM 1912
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I.

The name of this Corporation shall be:

"FLORIDA STATE PHARMACEUTICAL ASSOCIATION"

and the principal place of business of such Corporation shall be in the City of Miami, Dade County, Florida, and other offices and places of business within the State of Florida as may be deemed necessary, expedient or convenient by the Directors of said Corporation.

ARTICLE II.

The aims of this Association shall be to unite the reputable Pharmacists and Druggists of the State for mutual assistance, encouragement, and improvement; to encourage scientific research; to develop Pharmaceutical talent; to aid and support the College of Pharmacy of the University of Florida in order that the standards of Pharmaceutical education may be raised to the highest

thought; to establish relations with the medical profession and the people at large upon just principles, which shall promote the public welfare and tend to mutual strength and advantage; and ultimately to restrict the practice of Pharmacy to properly qualified Pharmacists and Druggists.

ARTICLE III.

This Association shall consist of unit, non-unit and honorary members.

(a) Any adult person of good moral and professional standing, residing or doing business in this state, who has been actively engaged in the practice of Pharmacy for four years or more, in a wholesale or retail store where medicines are dispensed; all graduates of College of Pharmacy, licentiates of Boards of Pharmacy, teachers and professors of Botany, Materia Medica, Chemistry, and Pharmacy, and of such other sciences as are collateral with our profession; and chemists, whether in business for themselves, employed by another, or retired from business are eligible to membership. And every person interested in pharmacy such as manufacturers, traveling men, or drug clerks who are not legally registered pharmacists, shall be eligible to membership upon payment of fees and dues, and shall be entitled to all the privileges of the Association, with the exception of voting and holding office.

(b) That the Dean and all members of the Faculty of the College of Pharmacy of the University of Florida may be elected honorary members. They shall not be required to pay dues, and they shall be accorded all privileges; including the right to vote and hold office.

Page 3. Charters

(c) Pharmacists, Chemists and other scientific men who may be thought worthy of distinction may be elected honorary members. They shall not however, be required to contribute to the funds, nor shall they be eligible to vote at the meetings.

ARTICLE IV.

The said Corporation is to exist from the date of approval of this proposed Charter by one of the Judges of the Circuit Court of the Eleventh Judicial Circuit in and for Dade County, Florida, for the term of fifty (50) years.

ARTICLE V.

The names and post-office addresses of the subscribers to this proposed Charter, are:

Harry N. Childs,	327 Central Ave.,	St. Petersburg, Fla.
Millar Anderson,		Lake Wales, Fla.,
R. Q. Richards,		Fort Myers, Fla.,
H. L. Spottswood,		Key West, Fla.,
G. H. Groumet,	2420 S. W. 8th St.,	Miami, Fla.,
A. Finstad,	101 N. E. 2nd Ave.,	Miami, Fla.,
Wm. Emerich,	33 W. Church St.,	Orlando, Fla.,
F. B. Stephens,	P. O. Drawer 707,	St. Augustine, Fla.,

ARTICLE VI.

The affairs of the corporation shall be managed by an Executive Committee of three (3) members (together with the President and Vice-President shall be ex-officio members) who shall be elected annually by ballot and shall hold office until their

Successors are elected and qualified at the annual meeting of the Association to be held at such time as the Executive Committee shall fix, and at such place as the Association, from year to year, shall select; and a Secretary-Manager who shall be appointed by the Executive Committee, and who shall hold office at the pleasure of said Executive Committee.

ARTICLE VII.

The names of the officers who are to manage all the affairs of the Association until the first election or appointment under the Charter are:

- Harry W. Childs, President, 327 Central Ave., St. Petersburg, Fla.,
- Milan Anderson, 1st Vice-President, Lake Wales, Fla.,
- H.Q. Richards, 2nd Vice-President, Fort Myers, Fla.,
- R.L. Spottswood, 3rd Vice-President, Key West, Fla.

Executive Committee:

- A. Finsted, Chairman, 101 N.E. 2nd Ave., Miami, Fla.,
- Wm. Emerich, 35 W. Church St., Orlando, Fla.,
- Y.B. Stephens, P.O. Drawer 707, St. Augustine, Fla.,
- Milan Anderson, Lake Wales, Fla.,
- H.W. Childs, St. Petersburg, Fla.,

ARTICLE VIII.

The By-Laws of the corporation are to be made by the Executive Committee of said Association, to be approved, altered or rescinded by three-fourths of the members present at the first regular meeting of the Association after approval of this proposed Charter, and shall provide therein how the same may be amended, altered or rescinded.

ARTICLE IX.

The highest amount of indebtedness to which this Corporation may subject or obligate itself is Fifty-Thousand (50,000) Dollars.

ARTICLE X.

The total amount of real property which this Corporation may hold is One Hundred Thousand (100,000) Dollars, subject always to the approval of the Circuit Judge in and for the Eleventh Judicial Circuit in and for Dade County, Florida.

ARTICLE XI.

No real estate shall be sold, purchased or encumbered without the approval of all of the officers and the Executive Committee, and all contracts and obligations of the Corporation shall be executed by the President and the Chairman of the Executive Committee, and attested by the Secretary-Manager of said Corporation.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands as Incorporators thereof in Florida, this 15th day of April, A. D., 1936.

Harry W. Little (SEAL)
William Anderson (SEAL)
R. Richards (SEAL)
H. P. ... (SEAL)
W. H. ... (SEAL)
A. ... (SEAL)
William ... (SEAL)
Francis ... (SEAL)

36 APR 1931

STATE OF FLORIDA,)
) S.S.
COUNTY OF DADE)

PERSONALLY APPEARED BEFORE ME, an officer duly authorized to administer oaths, L.H. Gammitt to me well known to be one of the Incorporators described in the foregoing proposed Charter of "FLORIDA STATE PHARMACEUTICAL ASSOCIATION" who being sworn, says: That it is intended in good faith to carry out the purposes and objects set out in the proposed Charter of FLORIDA STATE PHARMACEUTICAL ASSOCIATION.

Affiant.

Subscribed and sworn to before me this 20 day of April, A.D., 1931.

L.H. Gammitt
Notary Public State of Florida at Large.

My Commission expires: 11/21/32



THIS ABOVE SET FORTH CHARTER approved by me, this 22 day of April, A.D., 1931.

W. H. ...
Clerk of the Circuit Court, Dade County, Florida.

Filed for record the 22 day of April, 1931, at 4:10 P.M. and duly recorded in Book 36 on Page 492 File No. 98426

E. H. LEATHERMAN,
CLERK CIRCUIT COURT
P.O. PHILLIPS, ATTORNEY AT LAW, MIAMI, FLORIDA

STATE OF FLORIDA)
COUNTY OF DADE) SS

RICHARD F. BRINKER, Clerk of the Circuit Court of the Eleventh Judicial Circuit, and County Recorder in and for the County of Dade and State of Florida DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of a Charter

FILED in my office 22 day of April,
A. D. 19 31 and recorded in Corporation
Book 36 at Page 492.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal of said Court, this 30 day of July, A. D., 19 74.

RICHARD F. BRINKER
Clerk Circuit Court
& County Recorder

By M. Grammer
Deputy Clerk

CT. CT.
Seal

FILED
Nov 6 8 51 AM 1974
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

DEPARTMENT OF STATE



I, DOROTHY W. GLISSON, Secretary of State of the State of Florida, do hereby certify that the following is a true and correct copy of

Original Certificate of Incorporation of FLORIDA STATE PHARMACEUTICAL ASSOCIATION, filed in the Office of the Clerk of the Circuit Court of Dade County on the 22nd day of April, A. D., 1931, coming into this office by Certificate of Amendment, on the 6th day of November, A. D., 1974, and changing its corporate name to FLORIDA PHARMACEUTICAL ASSOCIATION, INC., a corporation not for profit, organized and existing under the Laws of the State of Florida, as shown by the records of this office.



GIVEN under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the 6th day of November, A.D., 1974

Dorothy W. Glisson

SECRETARY OF STATE



Dorothy W. Glisson
SECRETARY OF STATE

Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304

EDWARD S. JAFFRY, P.A.
210 East College Ave.
Tallahassee, Fla.

904/488-8160
(TWX) 818/731-3877

Please refer to this number for future correspondence
concerning this corporation

731046

NOVEMBER 6, 1974

Subject: FLORIDA PHARMACEUTICAL ASSOCIATION, INC.

This will acknowledge receipt of the following documents for the above captioned corporation:

- 1. Check in the amount of \$23.00
- 2. Articles of Incorporation
- 3. Amendment to Articles of Incorporation
- 4. Articles of Merger or Consolidation
- 5. Certificate of Withdrawal received and filed
- 6. Limited Partnership
- 7. Trademark Application

Enclosed please find:

- 1. Certified Copy (ies) was picked up on 11/6/74
- 2. Certificate under Seal
- 3. Photocopy (ies)
- 4. A refund of \$ will be forwarded later
- 5. Enclosures or details of filing
- 6. Other

Filed:

Sincerely,

Dorothy W. Glisson
Secretary of State

By *Nettie F. Sims*
Nettie F. Sims, Chief
Bureau of Corporation Records

NFS/tll
Enclosures

CORPORATION ANNUAL REPORT

APR 11-75 1 478*****

1 731046 CHANGE NUMBER
 2 11/06/1974 DATE INC. OR IF FOREIGN DATE QUALIFIED IN FLA.
 3 SCC FILE NUMBER BACK 8621
 4 FED. EMPLOYER ID NO. 59-0248221
 5 FISCAL CLOSE OF ACCOUNTING PERIOD (MO) 6
 6 CHANGE TO
 7 CHANGE TO

YEAR OF LAST REPORT FILED IN THIS OFFICE
 YEAR OF THIS REPORT COVERED
 1975

8 EXACT NAME
 FLORIDA PHARMACEUTICAL ASSOCIATION, INC.

9 RESIDENT AGENT AND STREET ADDRESS
 POWERS, JAMES H.
 205 WEST PARK AVENUE
 TALLAHASSEE FLORIDA 32301

10 ADDRESS
 731046
 FLORIDA PHARMACEUTICAL ASSOCIATION, INC.
 205 WEST PARK AVENUE
 TALLAHASSEE FLORIDA 32301



PLEASE READ INSTRUCTIONS ON BACK

OFFICERS/DIRECTORS NAMES	STREET ADDRESS	CITY STATE	TITLE(S)
COMINO, BERNARD		TAMPA FL	PRES.
POWERS, JAMES H.		TALLAHASSEE FL	SEC.
PAULK, DENNIS		ORLANDO BEACH FL	TREAS.
COMINO, BERNARD		TAMPA FL	DIR.
POWERS, JAMES H.		TALLAHASSEE FL	DIR.
PAULK, DENNIS		ORLANDO BEACH FL	DIR.

11 CAPITAL STOCK

12 CAPITAL STOCK OR NUMBER & BOOK VALUE OF ALL CERTIFICATES OF INTEREST OR PARTIC. (PARTIAL)
 CLASS OF SHARES PAR. NO. PAR. OR STATED VALUE SHARES AUTH. ISSUED NUMBER BOOK VALUE

13 IF YOU DO NOT HAVE CAPITAL STOCK DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED

I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE STOCK (OR CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DURING THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES. I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE *J. H. Powers*
 TITLE Executive Secretary TEL. NO. 222-2400
 DATE March 28, 1975

CORPORATION ANNUAL REPORT

1976 1 123456789

DEPARTMENT OF STATE DIVISION OF CORPORATIONS THE CAPITOL TALLAHASSEE, FLORIDA 32304	DUE - JAN 1 DELINQUENT - JULY 1	VALUATION AREA - CONDIT IONS IN THIS SPACE 1 731946 3 2 11/06/1974 3 SEC SET ENVELOPE BACK 3021 1975 YEAR OF LAST REPORT FILED IN THIS OFFICE 4 FED. EMPLOYER ID NO. 29-0240221 3a CHANGE TO: 1976 YEAR(S) THIS REPORT COVERS
---	------------------------------------	---

5 FLORIDA PHARMACEUTICAL ASSOCIATION, INC EXACT NAME	PLEASE READ INSTRUCTIONS ON BACK
---	----------------------------------

6 STREET ADDRESS OF PRINCIPAL OFFICE (POST OFFICE BOX ALONE WILL NOT BE ACCEPTABLE) ADDRESS 731946 FLORIDA PHARMACEUTICAL ASSOCIATION, INC 201 WEST PARK AVENUE TALLAHASSEE FLORIDA 32301	6a STREET ADDRESS CHANGE
--	--------------------------

7 REGISTERED AGENT AND STREET ADDRESS POWERS (JAMES B.) 201 WEST PARK AVENUE TALLAHASSEE FLORIDA 32301	7a REGISTERED AGENT NAME CHANGE AND/OR ADDRESS CHANGE INCLUDE REGISTERED OFFICE ADDRESS
---	---

8 NAMES OF ALL OFFICERS AND DIRECTORS	STREET ADDRESS	CITY / STATE	TITLES MUST BE SHOWN
Bill Nestor		TAMPA, FL	PREC
Bill Nestor	1519 S. Olive Ave., Apt 8	M. Palm Beach, FL	PRES
POWERS, JAMES B		TALLAHASSEE, FL	SEC
Same	201 West Park Ave.		
Bill Mount		ORLANDO BEACH, FL	TRES
Bill Mount	1315 S. Orange Avenue	Orlando, FL	TREAS

FOR DIVISION USE ONLY

APR 28 7 1976
STATE OF FLORIDA
TALLAHASSEE

I CERTIFY THAT I AM AN OFFICER OF THIS CORPORATION EMPowered TO EXECUTE REPORT AS REQUIRED BY CHAPTER 607, FLORIDA STATUTES. I FURTHER CERTIFY UNDERSTAND MY SIGNATURE ON THIS REPORT SHALL HAVE THE SAME LEGAL EFFECT MADE UNDER OATH

SIGNATURE: *[Signature]*
TITLE: Executive Director
DATE: January 26, 1976

SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION ANNUAL REPORT

1977

Bruce A. Smathers
Secretary of State
Form COR 620

THIS REPORT MUST BE ACCOMPANIED BY A \$5 FEE.

473*****

FEB 2 10 49 AM 1977

FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

▶ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀

1. Name and Address of Corporation Principal Officer: 731046 FLORIDA PHARMACEUTICAL ASSOCIATION, INC 201 WEST PARK AVENUE TALLAHASSEE FLORIDA 32301 If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.	2. Enter Change of Address of Corporation Principal Officer. P.O. Box Number Alone is NOT Sufficient.	
	Street Address	
	P.O. Box No.	
	City	
	State	Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	11/06/1974	4. Federal Employer Identification Number (FEIN)	59-0248221	5. Date of Last Return	1976
---	------------	--	------------	------------------------	------

6. Name and Street Addresses of Each Officer and Director					
Name of Officer and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State	
NESIER, BILL	PRES		1519 S OLIVE AVE N B	PALM BCH, FL	
POWERS, JAMES B	SEC DIR		201 W PARK AVE	TALLAHASSEE, FL	
MOUNT, BILL		TRES	1315 S ORANGE AVE	ORLANDO, FL	
WEISE, GILL	PRES		8601 EMERALD ISLE CIR N	JACKSONVILLE, FL	

7. Registered Agent Information: If you wish to change Registered Agent on this form, enter all new information here	Name: POWERS (JAMES B.)		Street Address (Do NOT Use P.O. Box Number): 201 WEST PARK AVENUE		
	City, State and Zip Code: TALLAHASSEE FLORIDA 32301				
	Name:		Street Address (Do NOT Use P.O. Box Number):		
	City, State and Zip Code:				

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.
(No Other Titles Will Be Accepted. Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.)


I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Name of Signing Officer	Title	Telephone Number
JAMES B. POWERS	EXECUTIVE DIRECTOR	222-2400
Signature	Date	
<i>James B. Powers</i>	JANUARY 11, 1977	

THIS REPORT MUST BE ACCOMPANIED BY THE \$5 FEE

corp-32

NP # 731046

FLORIDA PHARMACEUTICAL ASSOCIATION, INC. 

New Corporation

Reincorporation

Amendment (§617)

Filed: 11/6/74

By:

ORIGINAL CHARTER: Filed in the Office of the Clerk of the Circuit Court of Dade County on the 22nd day of April, 1931 under the name of FLORIDA STATE PHARMACEUTICAL ASSOCIATION. Certificate of Amendment changing name to above filed November 6, 1974.

A M E N D M E N T

Word Processing: January 26, 1978

By: pas

Updating:

2/9/78

By:

HR

A notification letter was mailed to: Edward S. Jaffry, Esquire
Post Office Drawer 1140
Tallahassee, Florida 32302 Addressed to: Mr. Jaffry

An Amendment to the Articles of Incorporation of FLORIDA PHARMACEUTICAL
ASSOCIATION, INC. was filed:

Filing Date: January 26, 1978

Remittance totaling: \$20.00

Charter Number : 731046

Action Taken: Amend Article IX

Enclosure(s) (1)

731046

Horne, Rhodes, Jaffry, Stephens, Bryant, Horne & Chapman
Attorneys at Law

MALLORY E. HORNE
ROY T. RHODES
EDWARD S. JAFFRY
ALBERT M. STEPHENS
FREDERICA M. BRYANT
MELVIN R. HORNE
JUDSON M. CHAPMAN

800 BARNETT BANK BUILDING
POST OFFICE DRAWER 1140
Tallahassee, Florida 32302
TELEPHONE (904) 224-0111

January 25, 1978

JAN 26 7 00 PM '78
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Honorable Bruce A. Smathers
Secretary of State
The Capitol Building
Tallahassee, Florida 32304

Re: Certificate of Amendment to Articles of Incorporation -
Florida Pharmaceutical Association, Inc.

Dear Sir:

JAN 27-78 02 26900 *****5.00
JAN 27-78 02 26800 *****15.00

Enclosed for filing please find the original Certificate of Amendment to Articles of Incorporation of Florida Pharmaceutical Association, Inc., a non-profit corporation.

Also enclosed is my check for Twenty Dollars (\$20.00) to cover the Fifteen Dollar (\$15.00) filing fee and the Five Dollar (\$5.00) fee for a certified copy of same.

Your cooperation in this regard is sincerely appreciated.

Kindest regards,

Edward S. Jaffry
Edward S. Jaffry

RECEIVED
JAN 26 2 20 PM '78
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ESJ/par
Enclosures

G. TAX
FILING	15
R. AGENT FEE
C. COPY	5
TOTAL	20
N. BANK
BALANCE DUE
RECEIVED

df

FILED
JAN 26 3 04 PM '78
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF AMENDMENT TO
ARTICLES OF INCORPORATION OF
FLORIDA PHARMACEUTICAL ASSOCIATION, INC.

We, the undersigned, composing the Executive Committee of the Florida Pharmaceutical Association, Inc., a non-profit corporation, organized and existing under the laws of the State of Florida, its Articles of Incorporation having been filed under the name of FLORIDA STATE PHARMACEUTICAL ASSOCIATION, INC., on April 22, 1931, in the Circuit Court of the Eleventh Judicial Circuit, in and for Dade County, Florida, the same having been amended on November 6, 1974, do hereby certify that at a meeting of the Executive Committee of the Corporation duly held on January 22, 1978, a resolution was duly adopted setting forth a proposed amendment to the Articles of Incorporation under which the said Corporation is constituted. The resolution setting forth the proposed amendment was and is as follows:

RESOLVED, that the Executive Committee of the Association hereby approves an amendment to the Articles of Incorporation of the said Corporation whereby a new Article IX is added to the aforesaid Articles of Incorporation to read as follows:

ARTICLE IX

Upon the dissolution of the Corporation for any reason, all of the assets owned by the Corporation at that time shall be distributed in equal shares to the University of Florida, College of Pharmacy, located in Gainesville, Florida and the School of Pharmacy of the Florida A & M University located in Tallahassee, Florida, to be held by those institutions in trust, in the form of scholarship funds for the purpose of providing assistance to worthy students, registered in the aforesaid institutions who are in need of financial assistance.

IN WITNESS WHEREOF, the undersigned constituting the Executive Committee of the Florida Pharmaceutical Association, Inc., do hereby set their hands and seals, and cause the seal of the said Corporation to be affixed hereto, this 22nd day of January, 1978, for the purposes herein stated.

EXECUTIVE COMMITTEE OF
FLORIDA PHARMACEUTICAL ASSOCIATION, INC.

William J. Cook (SEAL)

Charles W. Hoff (SEAL)

Robert V. Lavel (SEAL)

John W. Whitmore (SEAL)

Walter A. Labe (SEAL)

Allen Nichol (SEAL)

[Signature] (SEAL)

Colleen C. Demore (SEAL)

[Signature] (SEAL)

James B. Zepf (SEAL)

James Black (SEAL)

Richard R. Fand (SEAL)

John Stedrite (SEAL)

Herbert J. Spaulman (SEAL)

William W. Keise (SEAL)

[Signature] (SEAL)

(CORPORATE
SEAL)


STATE OF FLORIDA)
COUNTY OF Orange) ss.
)

Before me personally appeared, Wilma J. Fish

<u>Charles M. Shaff</u>	,	<u>Robert C. Savel</u>
<u>John W. Wetmore</u>	,	<u>Wilfred A. Dobson</u>
<u>Allen Nichol</u>	,	<u>J. Michael Yeager</u>
<u>Colburn C. Demro</u>	,	<u>Lawrence A. Diez</u>
<u>James B. Upchurch</u>	,	<u>James Blackburn, Jr.</u>
<u>Richard R. Grant</u>	,	<u>John Stadnik</u>
<u>Robert L. Showerman</u>	,	<u>Gilbert N. Weise</u>
_____	and	<u>Jose Cuellar</u>

who being duly sworn, depose and say that they are members of the Executive Committee of the Florida Pharmaceutical Association, Inc., a non-profit corporation, organized and existing under the laws of the State of Florida; and that they have signed the foregoing Certificate of Amendment as such and on behalf of said Corporation for the purposes therein.

WITNESS my hand and official seal this 22nd day of January, 1978.


NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My commission expires:

Notary Public, State of Florida at Large
My Commission Expires Jan. 7, 1981
Issued by American Bar & County Council

(S E A L)

A-1088

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
**CORPORATION ANNUAL REPORT
1978**



Bruce A. Smathers
Secretary of State

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE (Form COR 620) 12-1-77

AND
FILED
JUN 26 1 00 AM 1978
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

▶ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀

1. Name and Address of Corporation Principal Office:

791046 FLORIDA
PHARMACEUTICAL ASSOCIATION, INC.
201 WEST PARK AVENUE
TALLAHASSEE FLORIDA 32301

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

PAG -2-78 *2 43600 ***10.0

City

State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

11/06/1974

4. Federal Employer Identification Number (FEIN)

59-0248221

5. Date of Last Report

1977

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
WEISE, GILL	PRES		8601 EMERALD ISLE CIR N	JACKSONVILLE, FL
POWERS, JAMES B	DIR	X	201 W PARK AVE	TALLAHASSEE, FL
MOUNT, BILL	TRES		1315 S ORANGE AVE	ORLANDO, FL
SHOWEMAN, Robert T.	PRES		2575 1st Avenue, S.	St. Petersburg, FL
Cuellar, Joseph	TRES		5510 Busch Blvd	Temple Terrace, FL

7. Registered Agent Information

If you wish to change Registered Agent on this form, enter all new information here ▶

Name
POWERS (JAMES B.)

City, State and Zip Code
TALLAHASSEE FLORIDA 32301

Street Address (Do NOT Use P.O. Box Number)
201 WEST PARK AVENUE

Name
City, State and Zip Code

Street Address (Do NOT Use P.O. Box Number)

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer, or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.
No Other Titles Will Be Accepted, Your Report Will Be Returned If I: Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

Typed Name of Signing Officer
JAMES B. POWERS

Title
EXECUTIVE DIRECTOR

Telephone Number
222-2400

Date
2/8/78

Signature

James B. Powers

NOTE: THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

CORPORATION
ANNUAL REPORT



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FILED

DO NOT WRITE IN THIS SPACE

1979 MAR 23 11 12 AM '79

1178*****10.00

THIS REPORT MUST BE ACCOMPANIED BY A STATE OF FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

← READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES →

1. Name and Address of Corporation Principal Officer:

731046
FLORIDA PHARMACEUTICAL ASSOCIATION, IN
201 WEST PARK AVENUE
TALLAHASSEE FLORIDA 32301

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Officer, P.O. Box Number Alone is NOT Sufficient.

Street Address _____
P.O. Box No. _____
City _____
State _____ Zip Code _____

3. Date Incorporated or Qualified To Do Business in Florida: 11/06/1974

4. Federal Employer Identification Number (FEIN): 59-0248221

5. Date of Last Report: 1978

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
SHOWERMAN, ROBERT T.	P	2575 65TH AVE, SO.	ST. PETERSBURG, FL
POWERS, JAMES B	S/D	201 W PARK AVE	TALLAHASSEE, FL
CUELLAR, JOSEPH	T.	5510 BUSCH BLVD.	TEMPLE TERRACE, FL

7. Registered Agent Information

If you wish to change Registered Agent on this form, enter all new information below.

Name: POWERS (JAMES B.)

Street Address (Do NOT Use P.O. Box Number): 201 WEST PARK AVENUE

City, State and Zip Code: TALLAHASSEE FLORIDA 32301

8. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

DO NOT WRITE IN THIS SPACE

3-23

Typed Name of Signing Officer: JAMES B. POWERS

Title: EXECUTIVE DIRECTOR

Telephone Number: 222-2400

Signature: *James B. Powers*

Date: 1/17/79

731046

name change

DIVISION OF CORPORATIONS

NAME Horn, Rhoda Jeffry, Horn & Carrouth
 ADDRESS P.O. Box 1140
 CITY Tallahassee STATE Florida ZIP CODE 32302
 AREA CODE & PHONE NUMBER (904) 224-0111 *alt 218066*
 NAME OF CORPORATION Florida Pharmacy Association, Inc.
Formerly
FLORIDA ~~PHARMACEUTICAL~~
ASSOCIATION, INC.

FOR OFFICE USE ONLY

6773 9/20/79 731046
066 22 15.00 05

<input type="checkbox"/> DOMESTIC	<input checked="" type="checkbox"/> AMENDMENT	<input type="checkbox"/> SEARCH
<input type="checkbox"/> FOREIGN	<input type="checkbox"/> DISSOLUTION	<input type="checkbox"/> MERGER
<input type="checkbox"/> PROFIT	<input type="checkbox"/> REINSTATEMENT	<input type="checkbox"/> MARK
<input type="checkbox"/> NON-PROFIT	<input type="checkbox"/> ANNUAL REPORT	<input type="checkbox"/> RESERVATION
<input type="checkbox"/> LIMITED PARTNERSHIP	<input type="checkbox"/> CERTIFICATE UNDER SEAL	<input type="checkbox"/> CERTIFIED COPY

9/13/79
WALK IN MAIL OUT
[Signature]

PRIVILEGE TAX	
GOV. TAX	
FILING	15.00
SEARCH	
LEGAL	15.00
BALANCE DUE	
REFUND	

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 14 8 43 AM '79

PICKED UP

FILED

mk

CERTIFICATE OF AMENDMENT TO
ARTICLES OF INCORPORATION OF
FLORIDA PHARMACEUTICAL ASSOCIATION, INC.

We, the undersigned, composing the Executive Committee of the Florida Pharmaceutical Association, Inc., a non-profit corporation, organized and existing under the laws of the State of Florida, its Articles of Incorporation having been filed under the name of FLORIDA STATE PHARMACEUTICAL ASSOCIATION, INC., on April 22, 1931, in the Circuit Court of the Eleventh Judicial Circuit, in and for Dade County, Florida, the same having been amended on November 6, 1974, and January 26, 1978, do hereby certify that at a meeting on January 22, 1978, a resolution was duly adopted setting forth a proposed amendment to the Articles of Incorporation under which the said Corporation is constituted and that on April 9, 1978, the said resolution was proposed to and adopted by the House of Delegates of the Corporation, and that on June 25, 1979, the said resolution was approved by a two-thirds (2/3) vote of the voting members of the Corporation at a regular meeting of the Corporation. The resolution setting forth the proposed amendment was and is as follows:

RESOLVED, that the Executive Committee of the Association hereby approves an amendment to Article I of the Articles of Incorporation of the Corporation to read as follows:

ARTICLE I. - NAME

The name of this corporation shall be:

FLORIDA PHARMACY ASSOCIATION, INC.

and the principal place of business of such corporation shall be 201 West Park Avenue (P. O. Box 960), Tallahassee, Florida 32302, or at such other place within the State of Florida as may be deemed necessary, expedient or convenient by the Executive Committee of the Association.

SEP 14 8 42 AM '79
FILED
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned constituting the Executive Committee of the Florida Pharmaceutical Association, Inc., do hereby set their hands and seals, and cause the seal of the said Corporation to be affixed hereto, this 2nd day of September, 1979, for the purposes herein stated.

EXECUTIVE COMMITTEE OF
FLORIDA PHARMACEUTICAL ASSOCIATION, INC.

[Signature] (SEAL)

Queen C. Scott III (SEAL)

[Signature] (SEAL)

Colburn C. Demas (SEAL)

David B. Liebow DPA (SEAL)

[Signature] (SEAL)

Lloyd E. Foster (SEAL)

[Signature] (SEAL)

George B. Browning (SEAL)

[Signature] (SEAL)

Ronald H. Clayton (SEAL)

[Signature] (SEAL)

[Signature] (SEAL)

[Signature] (SEAL)

Michael W. Stamitales (SEAL)

[Signature] (SEAL)

[Signature] (SEAL)

(CORPORATE SEAL)

John Stadnick (SEAL)

STATE OF FLORIDA)

95

COUNTY OF ORANGE)

Before me personally appeared Stephen G. Reeder

Owan O. Scott, III

Stephen J. Glaros

Colburn C. Demro

David B. Leibman

Constantine Lopilato

Lloyd E. Foster

William S. Sandeson

George B. Browning

John L. Dampier

Ronald H. Clayton

John C. King

Oscar E. Araujo

H. Peter Pavonka

Michael W. Stamitoles

Lawrence A. Diaz

Joe Cuellar

and John Stadnik, who being duly sworn, depose and say that they are members of the Executive Committee of the Florida Pharmaceutical Association, Inc., a non-profit corporation, organized and existing under the laws of the State of Florida, and they they have signed the foregoing Certificate of Amendment as such and on behalf of said Corporation for the purpose therein

WITNESS my hand and official seal this 9 day of September, 1979


NOTARY PUBLIC AT LARGE
STATE OF FLORIDA

MY COMMISSION EXPIRES

Notary Public, State of Florida at Large
My Commission Expires Jan. 1, 1981
Issued By Governor Fla. & Council Compact

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT



1980

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

APR 9 1980

CORPORATION DIVISION
TALLAHASSEE, FLORIDA

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office: 731046 FLORIDA PHARMACY ASSOCIATION, INC. 201 WEST PARK AVENUE TALLAHASSEE FLORIDA 32301		2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient. Street Address 610 N. ADAMS ST. P.O. Box No. P. O. BOX 960 City TALLAHASSEE State FL Zip Code 32301	
---	--	--	--

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

3. Date incorporated or Qualified To Do Business in Florida 11/06/1974	4. Federal Employer Identification Number (FEIN) 59-0248221	5. Date of Last Report 1979
---	--	--------------------------------

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
SHOWEMAN, ROBERT T.	P	2575 65TH AVE, SO.	ST. PETERSBURG, FL
POWERS, JAMES B	S/D	201 W PARK AVE	TALLAHASSEE, FL
COLEMAN, JOSEPH	T	5510 BUSCH BLVD.	TEMPLE TERRACE, FL
LAWRENCE A. DIAZ	P	25 SW 40TH TERR.	GAINESVILLE, FL 32607
MIKE STAMITOLES	T	930 COMMONWEALTH RD.	PENSACOLA, FL

7. Registered Agent Information		To change the Registered Agent and/or Registered office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$5.
Name POWERS (JAMES B.)		
Street Address (Do NOT Use P.O. Box Number) 201 WEST PARK AVENUE 610 N. Adams St. City, State and Zip Code TALLAHASSEE FLORIDA 32301		

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Typed Name of Signing Officer JAMES B. POWERS	The EXECUTIVE DIRECTOR S/D	Telephone Number 222-2400
Signature 	Date 2/29/80	

DO NOT WRITE IN THIS SPACE

731046 03-24-80 2.5 935 10.80

DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George F. Johnson
Secretary of State
DIVISION OF CORPORATIONS

HISTORY TABLE T-1233 (PAGE 1)

APPROVED
AND
FILED

1981

FEB 13 8 37 AM 1981

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE PROCEEDING TO REVISION
PLEASE STAPLE CHECK TO ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Name and Address of Corporation, Principal Office

73106
FLORIDA PHARMACY ASSOCIATION, INC.
610 N. ADAMS ST.
P.O. BOX 960
TALLAHASSEE FL 32301

If Other Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address
P.O. Box No.
City
State

If above address is incorrect in any way, enter the correct address in next 2 fields - include ZIP Code

Date incorporated or Declassified (or Business or Foreign)
11/06/1975
Fiscal Year of Corporation or Date of Report and Director
1980

Federal Employer Identification Number (FEIN)
59-0298221

Date of Last Report
1980

Name of Officers and Directors	Position	Street Address of Each Officer and Director (DO NOT Use Post Office Box Number)	City and State
POWERS, JAMES B.	S/D	610 N. ADAMS ST. 201 N. PARK AVE	TALLAHASSEE, FL
DEAT, LAWRENCE A.	P	25 SW 40TH TERR	BRINCEVILLE, FL
STANTON, WENE	T	930 COMMONWEALTH RD	PENSACOLA, FL
CUELLAR, JOE	P	6510 BUSCH BLVD	TEMPLE TERRACE, FL

Registered Agent Information

Name
POWERS, JAMES B.
Address (DO NOT Use P.O. Box Number)
610 N. ADAMS ST.
TALLAHASSEE FLORIDA 32301

To change the Registered Agent and/or Registered Office a separate statement signed by the new agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 P.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Name of Signing Officer
JAMES B. POWERS
Title
EXECUTIVE DIRECTOR

Telephone Number
222-2900
Date
12/30/80

DO NOT WRITE IN THIS SPACE

73106 01-19-81 2 2 531 10:00

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1982



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

414

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

731046
FLORIDA PHARMACY ASSOCIATION, INC.
610 N ADAMS ST
P.O. BOX 960
TALLAHASSEE FL 32301

11/06/1974

59-0248221

02/13/1981

POWERS, JAMES B
GUELLAR, JOE
STAMITOLES, MIKE

S/O 610 N. ADAMS ST.
P 5510 BUSCH BLVD
T 930 COMMONWEALTH RD

TALLAHASSEE, FL
TEMPLE TERRACE, FL
PENSACOLA, FL

James B. Powers
George B. Powers

P.O. BOX 1066 N/A
8552 SYLVAN DR.

BUSHNELL, FL
MELBOURNE, FL

Registered Agent Information

POWERS (JAMES B.)

610 N ADAMS ST

TALLAHASSEE FLORIDA 32301

SIGNATURE

James B. Powers

JAMES B. POWERS

Executive Director S

\$3.00 additional fee required for Registered Agent changes.

REGISTRATION
ANNUAL REPORT

1983



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA 32301

JUN 13 10 51 AM 1983

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

731046
FLORIDA PHARMACY ASSOCIATION, INC.
630 N ADAMS ST
P.O. BOX 960
TALLAHASSEE FL

32301

11/06/1974

59-0248221

03/10/1982

POWERS, JAMES B
BROWNING, GEORGE B
~~DEMRO, COLBURN G~~

S/D
T
P

630 N ADAMS ST
2552 SYLVAN DR
PO BOX 1866 N/A
1985 De La Palma

TALLAHASSEE, FL 0000
MELBOURNE, FL 0000
BUSHNELL, FL 0000

Tallahassee, FL

Registered Agent Information

POWERS (JAMES B.)

630 N ADAMS ST

TALLAHASSEE FLORIDA 32301

J.B. Powers

\$3.00 additional fee required for Registered Agent changes.

J.B. Powers

1/10/83

J. B. Powers

Executive Director S/D 904-222-2600

DUPLICATE DATE ON OR AFTER JANUARY 1 BELONGS TO THE YEAR OF INCORPORATION

CORPORATION
ANNUAL REPORT

1984



FLORIDA DEPARTMENT OF REVENUE
Secretary of State
DIVISION OF CORPORATIONS

JAN 21 1984

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:		2. Enter Change of Address of Corporation (Do NOT use P.O. Box Number And a Street Address)	
731046 FLORIDA PHARMACY ASSOCIATION, INC. 610 N. ADAMS ST P.O. BOX 960 TALLAHASSEE FL 32301		Street Address 610 North Adams Street P.O. Box No. (None) City Tallahassee State Florida 32301	
3. Date Incorporated or Qualified To Do Business in Florida: 11/06/1974		4. Federal Employer Identification Number (EIN): 59-0246224	
5. Date of Last Fusion: 3/7/12/1983			

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1. BROWNING, GEORGE B.	T	6552 SYLVAN DR	MELBOURNE, FL 32906
2. KING, JOHN	D	2985 DE LA PALMA	GARTON, FL 32602
3. POWERS, JAMES B.	S/D/E	610 N ADAMS ST	TALLAHASSEE, FL 32301
1. Stamitoles, Michael	D	930 Commonwealth Road	Pensacola, FL 32506
2. Weiner, Ralph W.	T	303 Southeast 17th St.	Fort Lauderdale, FL 33301

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
POWERS (JAMES B.) 610 N ADAMS ST TALLAHASSEE FLORIDA 32301		Name Street Address (Do NOT use P.O. Box Number) City, State and Zip Code	

I, pursuant to the provisions of Sections 607.04 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____ DATE.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 19, and I Further Certify That My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Signature: <i>J.B. Powers</i>	Date: March 14, 1984
Typed Name of Signing Officer: James B. Powers	Title: Executive Director
	Telephone Number: (904) 222-2400

11. Should you desire a certificate of status check the box below and pay the fee of \$10.00.
CERTIFICATE OF STATUS DESIRED
\$10 additional fee required for certificate.



1965

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

731546 9
FLORIDA PHARMACY ASSOCIATION, INC.
650 NORTH ADAMS STREET
TALLAHASSEE, FLORIDA 32301

11/06/1974

59-0248221

06/21/1984

Name of Officer and Position	Sex	Address	City	Zip
1. STAMBOLES, MICHAEL	D	930 COMMONWEALTH ROAD	PENSACOLA, FL	8000
2. WEINER, RALPH	T	303 SOUTHEAST 17TH ST	FT LAUDERDALE, FL	33000
3. POWERS, JAMES B.	M/D	650 N ADAMS ST	TALLAHASSEE, FL	32301
4. Johnson, George B.	D	8552 Sylvan Drive	Melbourne, FL	32901
5.				
6.				

Registered Agent Information

POWERS (JAMES B.)
650 N ADAMS ST
TALLAHASSEE FLORIDA 32301

Name: _____
 Street and Address of New Registered Agent: _____
 City: _____
 State: _____
 Zip: _____

I warrant the propriety of the above information and the accuracy of the same, and I warrant that the above information is true and correct, and I warrant that the above information is true and correct, and I warrant that the above information is true and correct.

Signature: _____ Date: _____

\$3.00 additional fee required for Registered Agent changes.

Every Year, the Secretary of State will send you a notice of the expiration of your term of office. You must file a new statement of office with the Secretary of State before your term expires. If you fail to do so, your term of office will expire, and you will be removed from office. You will be required to file a new statement of office with the Secretary of State before you can resume your duties.

James B. Powers
JAMES B. POWERS EXECUTIVE DIRECTOR

April 18, 1965
(988) 832-3400

\$5 additional fee required for a Certificate of Status

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR.

COMMISSION
ANNUAL REPORT
1985



FLORIDA DEPARTMENT OF BANKING AND FINANCE
1901 N. W. 10th Street
Tallahassee, Florida 32301

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

Name and Address of Corporation, Partnership, or Firm

7310-95 9
FLORIDA PHARMACY ASSOCIATION, INC.
500 NORTH ROY'S STREET
TALLAHASSEE, FLORIDA 32301

Enter Change of Address of Corporation, Partnership, or Firm
Office Use Only - Do Not Fill in Unless Filing Change

Street Address

P.O. BOX NO.

City and State

Zip Code

1. Filing Office - Tallahassee, Florida
2. Filing Fee - \$20.00

3. Date of Filing: 11/05/1974 4. Filing Agent: 59-0249221 5. Date of Last Report: 04/29/1985

6. Name and Address of Each Officer and Director as of December 31, 1985

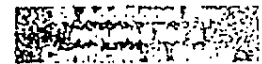
Name of Officer or Director	Title	Street Address of Each Officer and Director	City and State
WETTER, RALPH W.	T	303 SOUTHEAST 17TH ST	FT. LAUDERDALE, FL 33306
POWERS, JAMES B.	S/D	610 N ROY'S ST	TALLAHASSEE, FL 32301
BROWNING, GEORGE B.	D	8552 SYLVAN DRIVE	MELBOURNE, FL 32901
MAHON, ALLEN	T		
LOWMEYER, MARY	P		

REGISTERED AGENT INFORMATION

1. Name and Address of Current Registered Agent	2. Name and Address of Former Registered Agent
POWERS, JAMES B. 610 N ROY'S ST TALLAHASSEE FLORIDA 32301	Name of Former Agent Street Address City and State

\$3.00 additional fee required for Registered Agent changes.

Signature of Filing Officer: *[Signature]*
Name: James B. Powers
Date: 11/12/74
Filing Fee: \$20.00



FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION
ANNUAL REPORT
1987



Florida Department of Banking and Finance
1901 North Florida Avenue
Tallahassee, Florida 32301

Read Notice and Instructions on Other Side Before Making Entries
Registration Fee of \$25 Required - Make Checks Payable To: Secretary of State

751046 9
FLORIDA PHARMACY ASSOCIATION, INC.
610 NORTH FORTS STREET
TALLAHASSEE, FLORIDA 32301

Enter Change of Address of Corporation Here
Mailing and Business Address of Corporation
Direct Address of
Mailing Address of
Mailing Address of
Mailing Address of

11-05-1974 59-0248221 06/22/1985
Mailing Address of Corporation
Mailing Address of
Mailing Address of
Mailing Address of

OFFICE: ALLEN T 13120 SW 111TH AVENUE MIAMI, FL.
OFFICER: JAMES B. 5/D 610 N FORTS ST TALLAHASSEE, FL 00000
REGISTERED AGENT: P. 3319 NW 24TH AVENUE GAINESVILLE, FL
3319 NW 24TH AVENUE GAINESVILLE, FL

REGISTERED AGENT INFORMATION

OFFICER: JAMES B.
610 N FORTS ST
TALLAHASSEE FLORIDA 32301

FL

\$3.00 additional fee required for Registered Agent changes.

J. B. Power

3/6/87

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
1901 North
Executive Office Center
TALLAHASSEE, FLORIDA 32301

DO NOT WRITE IN THESE SPACES

Filing Fee of \$25 Required — Make Checks Payable To: Secretary of State

Name and Address of Corporation Being Filed: *CF*

731045

FLORIDA PHARMACY ASSOCIATION, INC.
610 NORTH ADAMS STREET
TALLAHASSEE, FLORIDA 32301

7. Filing Certificate of Address of Corporation Principal
Office: P.O. Box Number, Address NOT SUFFICIENT

Street Address 31

P.O. Box No. 22

City and State 21

P.S. Code 24

If Home Address is different than office, print the home address
in Item 2, include in Item 1

1. Incorporation and Organization
Business in Florida

11/06/1974

2. Filing Certificate

59-0248221

3. Date of
Last Report

03/13/1987

4. Name of Officers
and Directors

5. Title

6. Street Address of Office,
City and State

City and State

NICHOL, ALLEN

T

~~13120 SW 111TH AVENUE~~

MIAMI, FL.

POWERS, JAMES B

V/S/D

610 N ADAMS ST

TALLAHASSEE, FL 00000

~~PISHMAN, BOB~~

P

~~2014 N. 46TH AVE. 16796~~

HOLLYWOOD, FL.

Ken Norfleet

P

P.O. Box 1180

Wildwood, FL 32785

Low Hooks

T

10401 NW 53rd St.

Fl. Lauderdale, FL 33321

REGISTERED AGENT INFORMATION

POWERS (JAMES B.)

610 N ADAMS ST

TALLAHASSEE FLORIDA 32301

Name and Address of Registered Agent

Street Address, P.O. Box Number, City and State

Street Address, P.O. Box Number, City and State

City and State 24

FL

NOTICE TO THE OFFICERS OF CORPORATIONS AND PARTIES TO THE STATE OF FLORIDA: The Department of State, in accordance with the laws of the State of Florida, is hereby notified that the undersigned is the registered agent for the corporation named herein, and that the undersigned is qualified to receive service of process on behalf of the corporation named herein. The undersigned is a resident of the State of Florida and is qualified to receive service of process on behalf of the corporation named herein. The undersigned is a resident of the State of Florida and is qualified to receive service of process on behalf of the corporation named herein.

Signature of Registered Agent: *James B. Powers*

J

I, an Officer or Director of the Corporation, do hereby certify that the undersigned is the registered agent for the corporation named herein, and that the undersigned is qualified to receive service of process on behalf of the corporation named herein. This report is required by law and must be filed in Book 61.

James B. Powers

James B. Powers

Executive Vice President

3/1/88

(904) 222-2100

\$5 Additional Fee
required for a
Certificate of Status

FILE NOW, OR THIS CORPORATION WILL BE DISSOLVED OCTOBER 11, 1989

ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
Jon Smith
Secretary of State
DIVISION OF CORPORATIONS

REC-200-7 710 00

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$15 Required - Make Checks Payable To: Secretary of State

731046: 9
FLORIDA PHARMACY ASSOCIATION, INC.
610 NORTH ADAMS STREET
TALLAHASSEE, FLORIDA 32301-1114

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Applies NOT Subject.
Street Address 21
P.O. Box No. 22
City and State 23
Zip Code 24

3. Date of this Report 11/06/1974	4. Federal Employer Identification No. (FEIN) 59-0248221	5. Date of Last Report 03/07/1988
1. Name of Officer or Director NORRISBT, KEN V/S/D POWERS, JAMES B BECKS, LEW P/O CAMP, LEONARD N. T.O. SINGER, MAITA	3. Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers) P.O. BOX 1180 610 N ADAMS ST 10401 NW 53RD ST 500 N. WASHINGTON 3711 SHAMROCK W, #129-E	2. City and State WILDWOOD, FL TALLAHASSEE, FL PT. LAUDERDALE, FL TITUSVILLE, FL TALLAHASSEE, FL

REGISTERED AGENT INFORMATION

POWERS, JAMES B.
610 N ADAMS ST
TALLAHASSEE FLORIDA 32301

6. Street Address of Registered Agent (Do NOT use P.O. Box Number)
7. City and State 23
8. Zip Code 24
FL

I, the undersigned, being a resident qualified person, do hereby certify that I am a resident of Florida, that I am the owner of the above described stock, and that I am entitled to vote thereon and to elect directors thereon. I declare that I am not the holder of any other common stock of this corporation. I declare that I am not the holder of any other common stock of this corporation.

DATE

By signing this report, the officer or director certifies that the information furnished is true and correct to the best of his or her knowledge and belief.

This report is required by Chapter 607, Florida Statutes, and is subject to the provisions of Section 607.011, Florida Statutes.

James B. Powers

JAMES B. POWERS

EXECUTIVE VICE PRESIDENT

7/28/89
(904) 222-2400

\$5 Additional Fee
required for
Certificate of Status

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

FD-20121

CORPORATIONS

ANNUAL REPORT
1990



Secretary of State
Division of CORPORATIONS

APPROVED
FILED

1990 FEB 26 PM 1:44

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

Address of Corporation Principal Office

731046 9

ZIP + 4 PRESORT

FLORIDA PHARMACY ASSOCIATION, INC.
610 NORTH ADAMS STREET
TALLAHASSEE, FLORIDA 32301-1114

FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32301-1114
TELEPHONE (904) 493-2100
FACSIMILE (904) 493-2100
MAILING ADDRESS: P.O. BOX 10000, TALLAHASSEE, FLORIDA 32301-1000

Return address for notices to the corporation and its officers and directors

Date of Filing

11/06/1974

59-0248221

Registration Number

P/D	CAMP, LEONARD N.	500 N WASHINGTON	TITUSVILLE, FL.
V/S/D	POWERS, JAMES B	610 N ADAMS ST	TALLAHASSEE, FL
T/D	SINGER, MAITA	5711 SHAMROCK W #129E	TALLAHASSEE, FL.

REGISTERED AGENT INFORMATION

POWERS, JAMES B.
610 N ADAMS ST
TALLAHASSEE FLORIDA 32301

FL

Notice to the corporation and its officers and directors that the corporation is required to file an annual report with the Secretary of State...

Notice to the corporation and its officers and directors that the corporation is required to file an annual report with the Secretary of State...

Notice to the corporation and its officers and directors that the corporation is required to file an annual report with the Secretary of State...

James B. Powers for State President

\$5 Additional Fee
imposed by
Chapter 217, Florida Statutes

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

6-7-91
CORPORATION
15 4350C
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF
STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

FILING FEE OF \$61.25 REQUIRED

1. Name and Mailing Address of Corporation
DOCUMENT # 731046 (9)
ZIP + 4 PRESORT
FLORIDA PHARMACY ASSOCIATION, INC.
610 NORTH ADAMS STREET
TALLAHASSEE, FLORIDA 32301-1114

DO NOT WRITE IN THIS SPACE

2. If Address in Block 1 is incorrect in any way, enter the correct address below. PO Box is acceptable. The NAME of this corporation can be changed only by filing an amendment.

21 Street Address

22 PO Box No.

23 City and State

24 Zip Code

3. Date incorporated or Qualified To Do Business in Florida: **11/06/1974**

4. FEI Number: **59-0248221**

FEI Number Applied For

FEI Number Not Applicable

5. **\$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DES 8100

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
P/D	CAMP, LEONARD H. Hamilton, Ed L.	500 N WASHINGTON 600 N. Adams street	TITUSVILLE, FL. Tallahassee, FL.
V/S/D	POWERS, JAMES B. Presnell, C. Rod	610 N ADAMS ST	TALLAHASSEE, FL
T/D	SINGER, MAITA	5711 SHAWROCK W #129E 3073 Bay Shore Dr.	TALLAHASSEE, FL. Tallahassee, FL.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

POWERS, JAMES B.
610 N ADAMS ST
TALLAHASSEE FLORIDA 32301

8. Name and Address of New Registered Agent

81 Name: Presnell, C. Rod

82 Street Address 1 (Do NOT Use PO Box Number): Same

83 Street Address 2 (Do NOT Use PO Box Number): same

84 City: Same

85 Zip Co.: FL. Same

9. Pursuant to the provisions of Sections 607.0503 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its officers and directors, some or both in the State of Florida. Such change was authorized by the CORPORATION'S Board of Directors. I hereby select the above-named as registered agent in accordance with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: *C. Rod Presnell* DATE: 6/4/91

10. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I were the duly authorized officer or director of the corporation or the president or cashier empowered to execute this report as required by Chapter 607, Florida Statutes, and the name, address and telephone number of the officer or director on an attachment with an address.

SIGNATURE: *C. Rod Presnell* DATE: 6/4/91

Name of Signing Officer or Director: C. Rod Presnell Title: Executive Vice President Telephone Number Daytime: (904) 1-222-2400

FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status.

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

REGISTRATION
 ANNUAL REPORT
 1992



FILING FEE \$61.25 Make Payable To: Secretary of State

1. Name and Mailing Address of Corporation: **DOCUMENT #731046 (9)**

**FLORIDA PHARMACY ASSOCIATION, INC.
 610 NORTH ADAMS STREET
 TALLAHASSEE FL 32301-1114**

2. Mailing Address of Registered Agent
 21. Mailing Address
 22. P.O. Box
 23. City and State

3. Check appropriate box to indicate if corporation is a corporation in good business status
11/06/1974

06/07/1991

59-0248221

\$8.75 Additional Fee Required by a Certificate of Status

1	2	3	4
Name of Officers and Directors	Street Address of Officers and Directors	City and State	
P/D HAMILTON, ED. Betty Jean Harris	610 N. ADAMS ST. 2946 SW 22nd Cir. #6B	TALLAHASSEE, FL Delray Beach, FL	
V/S/D PRESNELL, C. ROD	610 N ADAMS ST	TALLAHASSEE, FL	
T/D GINGER, MAITA Jim Koivisto	3073 BAY SHORE DRIVE 11305 Port Side Dr. S.W.	TALLAHASSEE, FL. JACKSONVILLE, FL	

REGISTERED AGENT INFORMATION

7. Name and Mailing Address of Registered Agent
**PRESNELL, C. ROD.
 610 N ADAMS ST
 TALLAHASSEE FLORIDA 32301**

FL

SIGNATURE *C. Rod Presnell*

C. Rod Presnell Executive Vice President 904 222-2400

File Now. Filing Fee after May 1 is \$225.00

1993



DOCUMENT # 731046 (9)
FLORIDA PHARMACY ASSOCIATION, INC.
610 N ADAMS ST
TALLAHASSEE FL 32301-1114

11/06/1974

06/29/1992

FILING FEE
\$120.00

ANNUAL REPORT \$61.75 - \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

590248221

\$8.75 Additional
Fee Returned

\$5.00 Additional
Annual Fee

\$138.75 is additional
Filing Fee

9. Name and Address of Current Registered Agent

10. Name and Address of How Registered Agent

PRESNELL, C. ROD
610 N ADAMS ST
TALLAHASSEE FLORIDA 32301

P/D
HARRIS, BETTY JEAN
2940 SW 22ND CIR 88
DELRAY BEACH FL

V.S.D
PRESNELL, C. ROD
610 N ADAMS ST
TALLAHASSEE FL

T/D
KOIVISTO, JIM
11305 PORTSIDE DR
JACKSONVILLE FL

C/O
Betty Harris
2940 SW 22nd Circle, #68
DeLray Beach, FL 33445

P/O
Mark Hebbes
119 N. Banana River Drive
Merritt Island, FL 32952

Koivisto, Jim

SIGNATURE

Red Presnell

4/28/93

Red Presnell

Executive Vice President 1964: 222-2400

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1994



DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
DEPARTMENT OF CORPORATIONS

APPROVED
FILED

94 MAY -1 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation
FLORIDA PHARMACY ASSOCIATION, INC.

DOCUMENT #
731048 (9)

2. Principal Place of Business
610 NORTH ADAMS STREET
TALLAHASSEE FL 32301

610 NORTH ADAMS STREET
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation of Corporation 11/08/1974	4. Date of Last Report 05/01/1993
5. FIC Number 58-0248221	6. Amount of Franchise Fee \$375
7. Total Paid in from 1/1/93 to 12/31/93 \$5.00	8. Amount of Franchise Fee \$5.00
9. Total Paid in from 1/1/93 to 12/31/93 \$5.00	10. Amount of Franchise Fee \$5.00

B. Name and Address of Current Registered Agent

PRESNELL, C. ROD
810 N ADAMS ST
TALLAHASSEE FLORIDA 32301

10. Name and Address of New Registered Agent

11. If the corporation is a corporation organized under the laws of another state, the name and address of the corporation as registered in that state, and the date of its registration in that state, shall be stated in this report.

12. OFFICERS AND DIRECTORS

P/O
HOBBS MARK
119 N. BANANA RIVER DR.
MERRITT ISLAND FL
V/S/O
PRESNELL, C. ROD
810 N ADAMS ST
TALLAHASSEE FL

P/O
LONSTO JIM
11306 PORTSIDE DR
JACKSONVILLE FL

P/O
HARRIS BETTY
2046 SW 20ND CIR, #23
DELRAY BEACH FL

13. CHANGES TO OFFICERS AND DIRECTORS

C/O
David Hunt
1152 S.E. 3rd Terrace
Deerfield Beach, FL 33441
P/O
Peter Pevenker
of Casey & Hermying Jimmie Ave 10051
Gainesville, FL 32610

SIGNATURE:

Rod Presnell
Rod Presnell

4-27-94

222-2400

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

1995



DOCUMENT # 731046 (9)

FLORIDA PHARMACY ASSOCIATION, INC.

30 MAY - 1 10:09:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation
2. Mailing Address
310 NORTH ADAMS STREET
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

1. Last Incorporation or Quotation	2a. Date of Last Payment
11/06/1974	05/01/1994
3. Filing Number	4. Assessed Net Worth
59-0248221	
5. Corporation of State (Domestic)	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing (Federal Contribution)	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Foreigners with this Status (Tax Exempt Status)	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. Do you report net assets for filing the tax under S Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

23. County	24. City	25. State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRESNELL C. ROO
610 N ADAMS ST
TALLAHASSEE FLORIDA 32301

81. Name	Arthur E. Wharton
82. Street Address (P.O. Box Number if Not Accepted)	
83. City	610 N Adams Street
84. State	FL
85. Zip	32301

Arthur E. Wharton

4/26/95

OFFICERS AND DIRECTORS	ADVISORY CHANGES TO OFFICERS AND DIRECTORS
CO HOBBS, MARK 119 N. BANANA RIVER DR. MERRITT ISLAND FL	11. TITLE P/D 12. NAME Allen Knee 13. STREET ADDRESS 11830 NW 37th Place 14. CITY, STATE Sunrise, FL
VSD PRESNELL, C. ROO 610 N ADAMS ST TALLAHASSEE FL	15. TITLE V/S/D 16. NAME Arthur E. Wharton 17. STREET ADDRESS 610 N Adams Street 18. CITY, STATE Tallahassee, FL
TD HUNT, DAVID 1182 S.E. 3RD TERRACE DEERFIELD BCH FL	19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY, STATE
PD PEVONKA, PETER UF COLLEGE OF PHARMACY JHMHC BX 100484 NVA GAINESVILLE FL	23. TITLE C/D 24. NAME Peter Pevonka 25. STREET ADDRESS UF College of Phrmcy JHMHC BX 100014 26. CITY, STATE Gainesville, FL
	27. TITLE 28. NAME 29. STREET ADDRESS 30. CITY, STATE
	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY, STATE

SIGNATURE: *Arthur E. Wharton*

4/26/95 904/222-2400

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

85 SEP 6 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1731046

400001943234
-03/10/96--01031-002
***375.00 ***236.25

1. Corporation Name

FLORIDA PHARMACY ASSOCIATION, INC.

2. Principal Place of Business

Mailing Address

610 NORTH ADAMS STREET
TALLAHASSEE, FLORIDA 32301

3. Provide addresses and state in any way the through incorrect information and enter correction below

4. New Principal Office Address, if Applicable

5. New Mailing Address, if Applicable

DO NOT WRITE IN THIS SPACE

6. Date Incorporated or Qualified To Do Business in Florida

11/6/74

7. State, Apt. #, etc.

8. State, Apt. #, etc.

9. FEI Number

59-0248221

10. Address

11. Fee Amount

12. City & State

13. City & State

14. CERTIFICATE OF STATUS DESIRED

15. \$6.75 Additional Fee required for a Certificate of Status

16. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

17. Title	18. Name of Officers and/or Directors	19. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	20. City/State/Zip
PRES(D)	JAMES B. POWERS	3219 THOMASVILLE ROAD #18-D	TALLAHASSEE, FL 32312-2917
CHR(P)	JAMES H. KIVISTO	4133 UNIVERSITY BLVD S. #1	JACKSONVILLE, FL 32216
ELEC VP	LARRY E. BODKIN, JR.	11033 WILDLIFE TRAIL	TALLAHASSEE, FL 32312
TREAS(D)	REBECCA R. NICHOLS	120 STATE ROAD 419	WINTER SPUNGS, FL 32788-2695

REINSTATEMENT 1996
L. E. Bodkin

21. Name and Address of Current Registered Agent

ARTHUR E. WHARTON
610 NORTH ADAMS STREET
TALLAHASSEE, FL 32301

22. Name and Address of New Registered Agent

Name: LARRY E. BODKIN, JR. 9-10-96
Street Address (P.O. Box Number is Not Acceptable): 11033 WILDLIFE TRAIL
State, Apt. #, Etc.:
City: TALLAHASSEE State: FL Zip Code: 32312

23. I, having accepted the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

L. E. Bodkin, Jr.

REGISTERED AGENT MUST SIGN

Date 9-6-96

24. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

25. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(e), Florida Statutes. I advise the Division of Corporations from any liability of non-compliance with Section 119.07(2)(e) in the event that the information is copied or derived in whole or in part from public records. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that in executing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that the corporation has been properly organized and is in compliance with the provisions of the Florida Statutes. The information provided on this application is true and accurate, and my signature shall have the same legal effect as that of the corporation.

SIGNATURE:

L. E. Bodkin, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-96 (10) 222-2400