

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90148 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**

55001579



CHECK HERE IF MAKING CHANGES

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

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 **MICHAEL A. JACKSON**

Street Address (P.O. Box Number is Not Acceptable)
610 NORTH ADAMS STREET

City **TALLAHASSEE**

FL

Zip Code
32301

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**

1/2/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
NAME **FALLON, LEO**
STREET ADDRESS **1419 ARREDONDO DR**
CITY-ST-ZIP **THE VILLAGES FL 32159**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVP** Delete
NAME **JACKSON, MICHAEL A**
STREET ADDRESS **6440 JUSTIN GRANT TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** Delete
NAME **WILSON, ROBERT**
STREET ADDRESS **1717 NORTH E STREET**
CITY-ST-ZIP **PENSACOLA FL 32501-6344**

TITLE **CD** Change Addition
NAME **JOY MARCUS**
STREET ADDRESS **13105 IXORA CT #317**
CITY-ST-ZIP **MIAMI FL 33181-2322**

TITLE **VD** Delete
NAME **CUOMO, THOMAS**
STREET ADDRESS **2124 SW 11TH CT**
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE **PD** Change Addition
NAME **THOMAS CUOMO**
STREET ADDRESS **2124 SW 11TH CT**
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE **PD** Delete
NAME **MAREVS, JOY**
STREET ADDRESS **13105 IXORA CT #317**
CITY-ST-ZIP **MIAMI FL 33181-2322**

TITLE **VD** Change Addition
NAME **THREISA TOLLE**
STREET ADDRESS **5797 TREASURE LANE**
CITY-ST-ZIP **GRANT FLORIDA 32949**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **MICHAEL A. JACKSON**

1/2/2003 (850) 222-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)