FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754115 (4)

1. Corporation Name
SOUTHWEST FLORIDA SOCIETY OF HOSPITAL PHARMACIST S, INC.

Principal Place of Business	Mailing Address
C/O CHETAN PATEL 15639 INDIAN QUEEN DR ODESSA FL 33556	C/O CHETAN PATEL 15639 INDIAN QUEEN DR ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2034447 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

DAN BUFFINGTON
13812 WESTSHIRE DRIVE
TAMPA FL 33528

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	PATEL,, CHETAN	1.2 NAME		
STREET ADDRESS	15639 INDIAN QUEEN DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MARQUARDT, ANGELA	2.2 NAME	Jim KELLER	
STREET ADDRESS	639 APALACHEE CIR NE	2.3 STREET ADDRESS	17909 HOLLY BROOK DRIVE	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	D	3.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	BUFFINGTON, DAN	3.2 NAME	KATHY TELESCA	
STREET ADDRESS	13812 WESTSHIRE DR.	3.3 STREET ADDRESS	2042 Rainbow FARMS DRIVE	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Safety Harbor, FL. 34695	
TITLE	P	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	RENSHAW, BERNARD	4.2 NAME		
STREET ADDRESS	249 HARBORSIDE DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL	4.4 CITY-ST-ZIP		
TITLE	VPD	5.1 TITLE	President / D	☒ Change ☐ Addition
NAME	MICHEAL, HAYES, J	5.2 NAME		
STREET ADDRESS	9067 QUAIL CREEK DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33647	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE	Secretary / D	☒ Change ☐ Addition
NAME	ADKINSON,, SONDRA M	6.2 NAME	CHERYL PRYOR GRINDER	
STREET ADDRESS	9711 122ND WAY NORTH	6.3 STREET ADDRESS	190 112th AVE NORTH #204	
CITY-ST-ZIP	SEMINOLE FL 34642	6.4 CITY-ST-ZIP	ST PETERSBURG, FL 33716	

14. 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(3)(i), Florida Statutes. I further 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chetan Patel 4/12/95 8138853070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COUNTY