FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
96 SEP 13 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754115 (4)

1. Corporation Name
SOUTHWEST FLORIDA SOCIETY OF HOSPITAL PHARMACISTS, 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

3. Date Incorporated or Qualified: 09/10/1980
3a. Date of Last Report: 04/21/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 c/o Jacqueline A. LaPerriere	26 c/o Jacqueline A. LaPerriere
Suite, Apt. #, etc. 22 5100 Burchette Rd, #1102	Suite, Apt. #, etc. 27 5100 Burchette Rd, #1102
City & State 23 Tampa, Fl	City & State 28 Tampa, Fl
Zip / Country 24 33647 / 25 USA	Zip / Country 29 33647 / 30 USA

9. Name and Address of Current Registered Agent

DAN BUFFINGTON
13612 WESTSHIRE DRIVE
TAMPA FL 33528

10. Name and Address of New Registered Agent

81 Name: Lisa C. Miller
82 Street Address (P.O. Box Number is Not Acceptable): 1516 1st Street North
83
84 City: Indian Rocks Beach FL 85 Zip Code: 34635

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] Lisa C. Miller PharmD 5/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE	T/Director	☒ Change ☒ Addition
NAME	PATEL,, CHETAN		1.2 NAME	Jacqueline A. LaPerriere	
STREET ADDRESS	15639 INDIAN QUEEN DR		1.3 STREET ADDRESS	5100 Burchette Road, #1102	
CITY-ST-ZIP	ODESSA FL 33556		1.4 CITY-ST-ZIP	Tampa, Fl 33647	
TITLE	D	☒ DELETE	2.1 TITLE	V/Director	☐ Change ☒ Addition
NAME	KELLER, JIM		2.2 NAME	Lisa C. Miller	
STREET ADDRESS	17909 HOLLY BROOK DR		2.3 STREET ADDRESS	1516 1st Street	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Indian Rocks Beach, Fl 34635	
TITLE	VPD	☐ DELETE	3.1 TITLE	V President/Director	☒ Change ☐ Addition
NAME	TELESCA, KATHY		3.2 NAME		
STREET ADDRESS	2042 RAINBOW FARMS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RENSHAW, BERNARD		4.2 NAME		
STREET ADDRESS	246 HARBORSIDE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		4.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MICHEAL, HAYES, J		5.2 NAME	400001	
STREET ADDRESS	9067 QUAIL CREEK DR		5.3 STREET ADDRESS	-09/27/96---01016---001	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	*****70.00 *****70.00	
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRINDER, CHERYL P		6.2 NAME		
STREET ADDRESS	190 112TH AVE NORTH #504		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: [signature] RPh 5/16/96 813-972-8456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jacqueline A. LaPerriere Treasurer/Director