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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754115

1. Corporation Name

SOUTHWEST FLORIDA SOCIETY OF HOSPITAL PHARMACIST S, INC.

Principal Place of Business	Mailing Address
C/O MARIBETH KOWALSKI 29524 FOREST GLEN DRIVE WESLEY CHAPEL FL 33543	C/O MARIBETH KOWALSKI 29524 FOREST GLEN DRIVE WESLEY CHAPEL FL 33543

2. Principal Place of Business	2a. Mailing Address
21 c/o SONORA ADKINSON	26 c/o SONDRA ADKINSON
Suite, Apt. #, etc. 22 9711 122nd Way N	Suite, Apt. #, etc. 27 9711 122nd Way N
City & State 23 Seminole, FL	City & State 28 Seminole, FL
Zip / Country 24 33772 25	Zip / Country 29 33772 30

3. Date Incorporated or Qualifed: 09/10/1980

4. FEI Number: 59-2034447 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MOWREY, KIM
16506 FOOTHILL DRIVE
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: J. DAN JUSTINO
82 Street Address (P.O. Box Number is Not Acceptable): 5775 BAYSHORE DRIVE
83
84 City: SEMINOLE FL 85 Zip Code: 34642

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: J. Daniel Justino — DATE: 2/1/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JUSTINO, J. DAN 5775 BAYSHORE DRIVE SEMINOLE FL 34642	☐ DELETE change to ↓	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD JUSTINO, J. DANIEL 5775 BAYSHORE DR. SEMINOLE, FL ~~34642~~ 33772	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOWREY, KIM 16506 FOOTHILL DRIVE TAMPA FL 33624	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD KAM, LINDA 13000 BRUCE B. DOWNS #119 TAMPA, FL 33612	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KOWALSKI, MARIBETH 29524 FOREST GLEN DRIVE WESLEY CHAPEL FL 33543	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD MOBLEY, THOMAS 13000 BRUCE B. DOWNS BLVD #119 TAMPA, FL 33612	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD ADKINSON, SONDRA 9711 122nd Way N Seminole, FL 33772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: Maribeth Kowalski REQUIRED — 2/1/99 — 813.907.1085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)