1/12/00-90063-015-$61.25-$61.25

1/12/

**FILED**
**May 23, 2000 8:00 am**
**Secretary of State**
01-12-2000 90063 015 ****61.25

1. Entity Name

SOUTHWEST FLORIDA SOCIETY OF HOSPITAL PHARMACIST

| Principal Place of Business | Mailing Address |
|---|---|
| % SONDRA ADKINSON<br>9711 122ND WAY N.<br>SEMINOLE FL 33772 | % SONDRA ADKINSON<br>9711 122ND WAY N.<br>SEMINOLE FL 33772-2034 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

JUSTINO, J. DAN
5775 BAYSHORE DRIVE
SEMINOLE FL 34642

**7. Name and Address of New Registered Agent**

Name: KAM, LINDA

Street Address (P.O. Box Number is Not Acceptable): 13000 BRUCE B. DOWNS #119

City: TAMPA FL Zip Code: 33612

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.

SIGNATURE: Linda Kam Pharm D. PRESIDENT SWFSHP 2/22/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Pham D, Treasurer SWFSHP 1-3-00
Sondra M. Adkinson

**FILE NOW: FEE IS $61.25**

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

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>JUSTINO, J. DAN<br>5775 BAYSHORE DRIVE<br>SEMINOLE FL 34642 | ☒ Delete | President<br>KAM, LINDA<br>13000 Bruce B Downs #119<br>TAMPA FL 33612 | ☐ Change ☒ Addition<br>director |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>KAN, LINDA<br>13000 BRUCE B. DOWNS #119<br>TAMPA FL 33612 | ☒ Delete | President Elect<br>~~Todd~~ Gomez, Tad<br>3001 W. Dr. Martin LK, Jr. Blvd.<br>Tampa FL 33607 | ☐ Change ☒ Addition<br>director |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ADKINSON, SONDRA<br>9711 122ND WAY N<br>SEMINOLE FL 33772 | ☐ Delete | SAME | ☐ Change ☐ Addition<br>director |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MOBLEY, THOMAS<br>13000 BRUCE B. DOWNS BLVD #119<br>TAMPA FL 33612 | ☐ Delete | SAME | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CRPE037 (4/99)

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:** Linda Kam Pharm D. SWFSHP Treasurer 1-3-00 727-393-3267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Linda Kam Pharm D. 2000 Director/President SWFSHP 5-16-00
Linda Kam Pharm D.