2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State
02-19-2001 90033 011 ****61.25

0064513

DOCUMENT # 754115

1. Entity Name

SOUTHWEST FLORIDA SOCIETY OF HOSPITAL PHARMACISTS ~~HOSPITAL~~ HealthSystem

Principal Place of Business	Mailing Address
% SONDRA ADKINSON 9711 122ND WAY N. SEMINOLE FL 33772	% SONDRA ADKINSON 9711 122ND WAY N. SEMINOLE FL 33772

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
% Melinda Odom	% Melinda Odom
Suite, Apt. #, etc.: 1613 Elk Spring DR	Suite, Apt. #, etc.: 1613 Elk Spring DR
City & State: Brandon FL	City & State: Brandon FL
Zip: 33511 Country: USA	Zip: 33511 Country: USA

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	7. Name and Address of New Registered Agent
KAM, LINDA 13000 BRUCE B DOWNS #119 TAMPA FL 33612	Name: Tad Gomez Street Address (P.O. Box Number is Not Acceptable): 12204 Coldstream Lane ~~Tampa~~ City: Tampa FL Zip Code: 33626

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: Tad G. Gomez (Tad Gomez, Pres SWFSHP) 2-13-01
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAM, LINDA 13000 BRUCE B DOWNS #119 TAMPA FL 33612	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Tad Gomez 12204 Cold Stream Lane Tampa FL 33626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED GOMEZ, TAD 3001 W DR MLK JR BLVD TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED Kevn McNamara 14509 Thornfield Court Tampa FL 33624	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADKINSON, SONDRA 9711 122ND WAY N SEMINOLE FL 33772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer melinda Odom 1613 Elk Spring Drive Brandon, FL 33511	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MOBLEY, THOMAS 13000 BRUCE B. DOWNS BLVD #119 TAMPA FL 33612	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary IRA Kurland 719 House Wren Circle Palm Harbor, FL 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Melinda Odom REQUIRED Treasurer SWFSHP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Melinda Odom Date Daytime Phone #