2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0042738

DOCUMENT # 754115

1. Entity Name

SOUTHWEST FLORIDA SOCIETY OF ~~HOSPITAL~~ Health-System PHARMACIST S, INC.

FILED
04 JAN 15 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O MELINDA ODOM 1613 ELK SPRING DR BRANDON FL 33511 US	C/O MELINDA ODOM 1613 ELK SPRING DR BRANDON FL 33511 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
c/o Stephen george	c/o Stephen george
Suite, Apt. #, etc.: 6285 E. Fowler Ave	Suite, Apt. #, etc.: 6285 E. Fowler Ave
City & State: Tampa FL	City & State: Tampa FL
Zip: 33617 Country: USA	Zip: 33617 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
~~MCNAMERA~~, KEVIN 14509 THORAFIELD CT. TAMPA FL 33824	Name: Wesley Cowell Street Address (P.O. Box Number is Not Acceptable): 4707 Stove Place City: Valrico, FL FL Zip Code: 33594

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 2-28-03
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. REINSTATEMENT 03-04 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 MCNAMARA, KEVIN 14509 THORNFIELD COURT TAMPA FL 33624	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Christian Klem 7201 gennaker Dr. Tampa, FL 33607
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOMEZ, TAD 12204 COLDSTREAM LANE TAMPA FL 33626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Stephen george 6285 East Fowler Ave Tampa, FL 33617
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ODOM, MELINDA 1613 ELK SPRING DRIVE BRANDON FL 33511	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Matthew Bardin 11203 Saginaw Pl. Temple Terrace FL 33617
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KURLAND, IRA 719 HOUSE WREN CIRCLE PALM HARBOR FL 34683	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200026987912 01/15/04--01009--009 **297.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED COWELL, WESLEY 4707 ~~STORE~~ Stove PLACE VALRICO FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Cowell Wesley 4707 Stove Place
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Valrico, FL 33594 T. Lewis 1/15/04

CR2E037 (10/02)

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: [signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03
Date

Daytime Phone #