2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005
Secretary of State

DOCUMENT# 754115

Entity Name: SOUTHWEST FLORIDA SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC.

Current Principal Place of Business:

% STEPHEN GEORGE
6285 E. FOWLER AVE.
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

% STEPHEN GEORGE
6285 E. FOWLER AVE.
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 59-2034447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COWELL, WESLEY
4707 STOVE PLACE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	COWELL, WESLEY	
Address:	4707 STOVE PLACE	
City-St-Zip:	VALRICO, FL 33594	
Title:	PE/D	( ) Delete
Name:	KLEM, CHRISTIAN	
Address:	7201 GENNAKER DRIVE	
City-St-Zip:	TAMPA, FL 33607	
Title:	TD	( ) Delete
Name:	GEORGE, STEPHEN	
Address:	6285 EAST FOWLER AVE.	
City-St-Zip:	TAMPA, FL 33617	
Title:	SD	( ) Delete
Name:	BARDIN, MATTHEW	
Address:	11203 SAGINAW DR.	
City-St-Zip:	TEMPLE TERRACE, FL 33617	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN GEORGE TD 05/23/2005

Electronic Signature of Signing Officer or Director — Date