2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90237 046 ****61.25

DOCUMENT # 754115

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

Principal Place of Business	Mailing Address
% STEPHEN GEORGE 6285 E. FOWLER AVE. TAMPA, FL 33617 US	% STEPHEN GEORGE 6285 E. FOWLER AVE. TAMPA, FL 33617 US

DO NOT WRITE IN THIS SPACE

01032006 No Chg-NP CR2E037 (11/05)

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

COWELL, WESLEY
4707 STOVE PLACE
VALRICO, FL 33594

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	~~PD~~
NAME	~~COWELL, WESLEY~~
STREET ADDRESS	~~4707 STOVE PLACE~~
CITY-ST-ZIP	~~VALRICO, FL 33594~~
TITLE	PE/D
NAME	KLEM, CHRISTIAN
STREET ADDRESS	7201 GENNAKER DRIVE
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	TD
NAME	GEORGE, STEPHEN
STREET ADDRESS	6285 EAST FOWLER AVE.
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	SD
NAME	BARDIN, MATTHEW
STREET ADDRESS	11203 SAGINAW DR.
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	PD
NAME	Jeffrey P. Lannigan
STREET ADDRESS	13315 73rd Ave No
CITY-ST-ZIP	Seminole, FL 33776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Jeffrey P. Lannigan 4/26/06 727-813-6132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #