2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# 754115

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

Current Principal Place of Business:

13315 73RD AVE NORTH
SEMINOLE, FL 33776 US

New Principal Place of Business:

Current Mailing Address:

13315 73RD AVE NORTH
SEMINOLE, FL 33776 US

New Mailing Address:

FEI Number: 59-2034447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LANNIGAN, JEFFRY
13315 73RD AVE NORTH
SEMINOLE, FL 33776 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: PE/D ( ) Delete
Name: HAYNES, JOSEPH
Address: 10012 130TH LANE
City-St-Zip: SEMINOLE, FL 33776

Title: TD ( ) Delete
Name: LANNIGAN, JEFFRY
Address: 13315 73RD AVE NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: SD ( ) Delete
Name: BUCHANAN, MELODY
Address: 1208 VERSANT DR., APT 202
City-St-Zip: BRANDON, FL 33511

Title: PD ( ) Delete
Name: COWELL, WESLEY
Address: 4707 STOVE PLACE
City-St-Zip: VALRICO, FL 33594

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PE/D (X) Change ( ) Addition
Name: EVERETT, PAUL
Address: 3001 WEST MARTIN LUTHER KING JR BLVD
City-St-Zip: TAMPA, FL 33607

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

Title: SD (X) Change ( ) Addition
Name: BUCHANAN, MELODY
Address: 9240 ESTATE COVE CIR
City-St-Zip: RIVERVIEW, FL 33511

Title: PD (X) Change ( ) Addition
Name: JACKSON, ANTHONEY SHANE
Address: 11709 DERBYSHIRE DRIVE
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Change (X) Addition
Name: SHAMBIN, DON
Address: 1020 BOCA CIEGA ISLE
City-St-Zip: ST. PETERSBURG BEACH, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JEFFRY P. LANNIGAN TD 02/03/2009

Electronic Signature of Signing Officer or Director — Date