2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2010
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 ( )**

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: PD
Name: EVERETT, PAUL
Address: 8442 ASHFORD PLACE
City-St-Zip: TRINITY, FL 34655

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

Title: SD
Name: HUYNH, TP-NGA
Address: 4612 DUNNIE DRIVE
City-St-Zip: TAMPA, FL 33614

Title: PD/E
Name: BARDIN, MATTHEW
Address: 6403 S QUEENSWAY DRIVE
City-St-Zip: TAMPA, FL 33617

Title: D
Name: HANCOCK, KAREN
Address: 600 BAY LAUREL COURT NE
City-St-Zip: ST. PETERSBURG BEACH, FL 33703

Title: PD/P
Name: JACKSON, ANTHONY S
Address: 6001 WEBB ROAD
City-St-Zip: TAMPA, FL 33615

I hereby 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 all other like empowered.

SIGNATURE: JEFFRY LANNIGAN TD 02/04/2010

Electronic Signature of Signing Officer or Director Date