

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754115

FILED
Feb 16, 2011
Secretary of State

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: BARDIN, MATTHEW
Address: 6403 S QUEENSWAY DRIVE
City-St-Zip: TAMPA, FL 33617

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

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

Title: PD/E
Name: ESKRIDGE, LORI
Address: 4614 BAY CREST DRIVE
City-St-Zip: TAMPA, FL 33615

Title: D
Name: BUSH, JEFFREY
Address: 740 PINELLAS BAYWAY SOUTH
City-St-Zip: TIERRA VERDE, FL 33701

Title: D
Name: GEORGE, STEPHEN
Address: 14139 STONEGATE DRIVE
City-St-Zip: TAMPA, FL 33624

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 P. LANNIGAN

TD

02/16/2011

Electronic Signature of Signing Officer or Director

Date