

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754115

FILED
Jan 27, 2012
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: ESKRIDGE, LORI
Address: 4614 BAY CREST DRIVE
City-St-Zip: TAMPA, FL 33615

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: PUTZE, MICHAEL
Address: 805 BAYSHORE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

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

Title: D
Name: KAZEROUNIAN, DAUTE
Address: 536 15TH AVE NE
City-St-Zip: ST. PETERSBURG, FL 33704

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

01/27/2012

Electronic Signature of Signing Officer or Director

Date