

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08290

FILED  
Jan 11, 2011  
Secretary of State

**Entity Name:** DADE COUNTY PHARMACY ASSOCIATION, INC.

**Current Principal Place of Business:**

621 ISLAND RD  
MIAMI, FL 33137 US

**New Principal Place of Business:**

1627 BRICKELL AVE #1104  
MIAMI, FL 33129 US

**Current Mailing Address:**

621 ISLAND RD  
MIAMI, FL 33137 US

**New Mailing Address:**

1627 BRICKELL AVE #1104  
MIAMI, FL 33129 US

FEI Number: 59-2535608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLUMENTHAL, CARMEN A  
621 ISLAND RD  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

ACEVES, CARMEN  
1627 BRICKELL AVE  
1104  
MIAMI, FL 33129 US

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: CARMEN ACEVES

01/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ACEVES, CARMEN  
Address: 1627 BRICKELL AVE #1104  
City-St-Zip: MIAMI, FL 33129

Title: D  
Name: HUMBERTO, MARTINEZ  
Address: 14217 SW. 45 ST  
City-St-Zip: MIAMI, FL 33175

Title: D  
Name: SMITH-WOLLNER, SHARON  
Address: 1001 NE 45 CT  
City-St-Zip: HALLANDALE, FL 33009

Title: D  
Name: MARCUS, JOY  
Address: 13105 IXORA COURT  
City-St-Zip: NORTH MIAMI, FL

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: CARMEN ACEVES

TREA

01/11/2011

Electronic Signature of Signing Officer or Director

Date