

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011082

FILED
Apr 21, 2010
Secretary of State

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

Current Principal Place of Business:

13821 ALEXANDRIA COURT
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13821 ALEXANDRIA COURT
DAVIE, FL 33325

New Mailing Address:

FEI Number: 26-2396447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENONCOURT, IRENE
13821 ALEXANDRIA COURT
DAVIE, FL 33325 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: P
Name: BROWN, DOROTHY
Address: 2235 NW 142 WAY
City-St-Zip: PEMBROKE PINES, FL 33028

Title: P
Name: MOHAMED, AYMAN
Address: 1911 NW 35TH AVE.
City-St-Zip: COCONUT CREEK, FL 33066

Title: T
Name: DENONCOURT, IRENE
Address: 13821 ALEXANDRIA COURT
City-St-Zip: DAVIE, FL 33325

Title: S
Name: SALEM, JOSEPH
Address: 4094 NW 89TH WAY
City-St-Zip: COOPER CITY, FL 33024

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: IRENE DENONCOURT

T

04/21/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date