

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011082

**FILED**  
**Feb 03, 2012**  
**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: DELGADO, OSMEL  
Address: 2605 SW 133 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: S  
Name: LIPKIN, ELIZABETH  
Address: 2526 DELMAR  
City-St-Zip: FT. LAUDERDALE, FL 33301

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

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02/03/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date