

N16000000258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

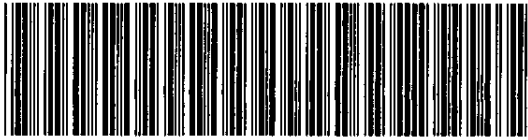
(Business Entity Name)

(Document Number)

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COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Southern Gulf Society of Health System Pharmacists, Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Stephen M. Kessinger
Name (Printed or typed)

c/o 3417 SW 2nd Ave
Address

Cape Coral, FL 33914
City, State & Zip

239-424-2296
Daytime Telephone number

steve.kessinger@lccememorial.org
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Southern Gulf Society of Health System Pharmacists, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
c/o 3417 SW 2nd Ave

Mailing address, if different is:

Cape Coral, FL 33914

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CLERK OF CIRCUIT COURT
SOUTHERN DISTRICT OF FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the Southern Gulf Society of Health System Pharmacists

(SGSHP) is to promote the benefits and extend the usefulness of the health –system pharmacist to the patient and the institution

he/she serves, to the members of the profession of pharmacy, and to the people of Southwest Florida. The Society shall strive

to support the goals and to carry the objectives of the American Society of Health System Pharmacists and the Florida

Society of Health System Pharmacists, which include: Promoting safe, rational and cost-effective drug use in society; develop,

promote and implement policies/programs to improve and assure the quality of pharmacy practice, which adhere to established

practice standards for the profession; sponsor continuing education programs for membership, and professional advocacy

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Annual election

of officers by the general membership. Officers include President, President-Elect, Treasurer, Secretary, and Immediate Past-President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karl J. Healy, President

Name and Title: Stephen M. Kessinger, Treasurer

Address: 8870 Spring Mountain Way
Fort Myers FL, 33908

Address: 3417 SW 2nd Ave
Cape Coral, FL 33914

Name and Title: Mohit Patel, President-Elect

Name and Title: Susan Mitchelson, Secretary

Address: 17001 Clemente Ct.
Fort Myers, FL 33908

Address: 21741 Helmsdale Run
Estero, FL 33928

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Stephen M. Kessinger

Address: c/o 3417 SW 2nd Ave

Cape Coral, FL 33914

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Stephen M. Kessinger

Address: c/o 3417 SW 2nd Ave

Cape Coral, FL 33914

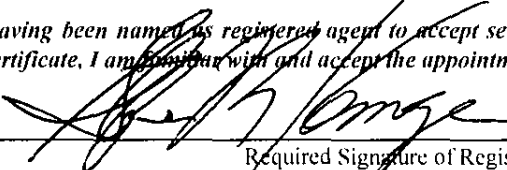
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am ~~submitting~~ with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

12/28/15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

12/28/15
Date