

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000448

FILED
Feb 24, 2009
Secretary of State

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

Current Principal Place of Business:

2304-B KILLEARN CENTER BLVD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2304-B KILLEARN CENTER BLVD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3170704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NINNO, MARK
2637 FALLBROOK DRIVE
OVIEDO, FL 32765 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 () Delete
Name: NINNO, MARK
Address: 2637 FALLBROOK DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: PHILBIN, MICHAEL
Address: 2056 RICKOVER PLACE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: ST ONGE, ERIN
Address: 2725 S BINION ROAD
City-St-Zip: APOPKA, FL 32723

Title: D () Delete
Name: SCHNACKY, KIMBERLY
Address: 7015 BRAMLEA LANE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL J PHILBIN

DR.

02/24/2009

Electronic Signature of Signing Officer or Director

Date