

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000448

FILED  
Feb 20, 2010  
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  
OVIDO, 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  
Name: NINNO, MARK  
Address: 2637 FALLBROOK DRIVE  
City-St-Zip: OVIDO, FL 32765

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

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

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

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: MICHAEL J. PHILBIN

TREA

02/20/2010

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

\_\_\_\_\_  
Date