

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 11, 2010
Secretary of State**

DOCUMENT# N93000000448

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:**BHAVSAR, ARTI
520 RICHMOND STREET
ORLANDO, FL 32806 US

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: ARTI BHAVSAR

11/11/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PRES
Name: DOUGHERTY, JOHN
Address: 2725 SOUTH BINION ROAD
City-St-Zip: APOPKA, FL 32703Title: TRES
Name: BHAVSAR, ARTI
Address: 520 RICHMOND STREET
City-St-Zip: ORLANDO, FL 32806Title: PRES
Name: ROSE, RENEE
Address: 2725 S BINION ROAD
City-St-Zip: APOPKA, FL 32723Title: SECR
Name: LOUZON, PATRICIA
Address: 3583 CONROY ROAD APT 1131
City-St-Zip: ORLANDO, FL 32839

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

TRES

11/11/2010

Electronic Signature of Signing Officer or Director

Date