

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000000448

FILED
Jan 23, 2012
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:

P.O. BOX 561424
ORLANDO, FL 32856

FEI Number: 59-3170704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BHAVSAR, ARTI
520 RICHMOND STREET
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

BHAVSAR, ARTI N
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 N. BHAVSAR

01/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: DOUGHERTY, JOHN
Address: 2725 SOUTH BINION ROAD
City-St-Zip: APOPKA, FL 32703

Title: TRES
Name: BHAVSAR, ARTI
Address: 520 RICHMOND STREET
City-St-Zip: ORLANDO, FL 32806

Title: PRES
Name: ROSE, RENEE
Address: 2725 S BINION ROAD
City-St-Zip: APOPKA, FL 32723

Title: 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: ARTI N. BHAVSAR

TRES

01/23/2012

Electronic Signature of Signing Officer or Director

Date