

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Mar 15, 2012
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:**P.O. BOX 561424
ORLANDO, FL 32856**New Mailing Address:**

FEI Number: 59-3170704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:BHAVSAR, ARTI N
520 RICHMOND STREET
ORLANDO, FL 32806 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: PP
Name: DOUGHERTY, JOHN
Address: 4901 VINELAND ROAD SUITE 200
City-St-Zip: ORLANDO, FL 32811Title: VP
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: 4811 LAKE MILLY DRIVE
City-St-Zip: ORLANDO, FL 32839Title: TRES
Name: MIKHAEL, MARK
Address: 14617 CHLOE CT
City-St-Zip: ORLANDO, FL 32826

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 BHAVSAR

VP

03/15/2012

Electronic Signature of Signing Officer or Director

Date