

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730895

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

**FILED**  
**Jan 05, 2022**  
**Secretary of State**  
**3035375129CC**

**Current Principal Place of Business:**

3375 CAPITAL CIRCLE NE  
SUITE E4  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2910 KERRY FOREST PKWY, D4  
SUITE 376  
TALLAHASSEE, FL 32309-6892 US

**FEI Number: 59-6549147**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JAMES, CHARZETTA  
500 BELCHER ROAD S  
JACKSONVILLE, FL 33771 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:** CHARZETTA JAMES

01/05/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY/OPERATIONS  
DIRECTOR  
Name BENNETT, TAMEKIA  
Address 3375 CAPITAL CIRCLE NE  
SUITE E4  
City-State-Zip: TALLAHASSEE FL 32308  
Title TREASURER  
Name JAMES, CHARZETTA  
Address 500 BELCHER ROAD S  
City-State-Zip: JACKSONVILLE FL 33771

Title IPP  
Name BUSH, JEFF  
Address 145 20TH AVE. NE  
City-State-Zip: ST. PETERSBURG FL 33704  
Title PRESIDENT  
Name CHAHINE, ELIAS  
Address 901 S FLAGLER DR  
City-State-Zip: WEST PALM BEACH FL 33416

*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:** TAMEKIA BENNETT

**SECRETARY/OPERATION** 01/05/2022  
**S DIRECTOR**

Electronic Signature of Signing Officer/Director Detail

Date