

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730895

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

**FILED**  
**Feb 04, 2019**  
**Secretary of State**  
**9111002608CC**

**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:**

BARNES, PATRICK MICHAEL  
3417 SW 2ND AVE  
CAPE CORAL, FL 33914 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: PATRICK MICHAEL BARNES**

**02/04/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title IMMEDIATE PAST PRESIDENT  
Name JAMES, CHARZETTA  
Address 12603 ANGEL LAKE DRIVE WEST  
City-State-Zip: JACKSONVILLE FL 32218

Title SECRETARY/OPERATIONS DIRECTOR  
Name BENNETT, TAMEKIA  
Address 3375 CAPITAL CIRCLE NE SUITE E4  
City-State-Zip: TALLAHASSEE FL 32308

Title PRESIDENT  
Name ESTRADA, SANDY J  
Address 7413 DEER CT  
City-State-Zip: FT.MYERS FL 33966

Title TREASURER  
Name BARNES, PATRICK M  
Address 11651 LOIS CROSS COURT  
City-State-Zip: JACKSONVILLE FL 32258

*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: PATRICK MICHAEL BARNES**

**02/04/2019**

Electronic Signature of Signing Officer/Director Detail

Date