

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731046

Entity Name: FLORIDA PHARMACY ASSOCIATION, INC.

Current Principal Place of Business:

610 NORTH ADAMS STREET
TALLAHASSEE, FL 32301

Current Mailing Address:

610 NORTH ADAMS STREET
TALLAHASSEE, FL 32301 US

FEI Number: 59-0248221

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACKSON, MICHAEL A
610 NORTH ADAMS STREET
TALLAHASSEE, FL 32301 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name JONES, KIMBERLY
Address 622 COLORADO AVENUE
City-State-Zip: STUART FL 34994

Title EXECUTIVE VICE PRESIDENT
Name JACKSON, MICHAEL A
Address 6440 JUSTIN GRANT TRAIL
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name LARSON, ERIC J
Address 2521 13TH STREET, SUITE A
City-State-Zip: ST. CLOUD FL 34769

Title DIRECTOR
Name PYTLARZ, ALEXANDER
Address 101 FAREHAM PLACE N
City-State-Zip: ST. PETERSBURG FL 33701

Title INTERIM PRESIDENT
Name BUFFINGTON, DANIEL E
Address 6285 E. FOWLER AVENUE
City-State-Zip: TAMPA FL 33617

Title CHAIR OF THE BOARD
Name MACKAREY, DAVID
Address 12488 PLEASANT GREEN WAY
City-State-Zip: BOYNTON BEACH FL 33437

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 JACKSON

**EXECUTIVE VICE
PRESIDENT AND CEO**

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date