2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731046

Entity Name: FLORIDA PHARMACY ASSOCIATION, INC.

FILED
Jan 07, 2016
Secretary of State
CC6269941828

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 Title CEO

NamePYTLARZ, ALEXANDERNameJACKSON, MICHAEL AAddress2485 IRON FORGE ROADAddress6440 JUSTIN GRANT TRAILCity-State-Zip:HERNDON VA 20171City-State-Zip:TALLAHASSEE FL 32309

Title DIRECTOR Title DIRECTOR

Name DONOVAN, JACKIE Name MOTYCKA, CAROL

Address 463 NORTHMOOR AVENUE NORTH Address 1765 PEPPERSTONE COURT City-State-Zip: SAINT PETERSBURG FL 33702 City-State-Zip: ST. AUGUSTINE FL 32092

Title PRESIDENT ELECT Title CHAIRMAN

NameTOMERLIN, SCOTTNameKELLEY, SUZANNEAddress3233 HAWTHORNE AVENUEAddress2299 SCENIC HWY R-7City-State-Zip:ROCKLEDGE FL 32955City-State-Zip:PENSACOLA FL 32503

Title PRESIDENT

Name ROGERS, TIMOTHY M
Address 2628 NW 162 STREET
City-State-Zip: NEWBERRY FL 32669

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 A. JACKSON

EXECUTIVE VICE PRESIDENT AND CEO

01/07/2016

Electronic Signature of Signing Officer/Director Detail

Date