

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:** Yes

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

SAIRANY, HELEN  
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            PRESIDENT OF THE BOARD  
Name            MINCY, WILLIAM  
Address        2648 BANTRY BAY DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title            EXECUTIVE VICE PRESIDENT  
Name            SAIRANY, HELEN A  
Address        610 NORTH ADAMS STREET  
City-State-Zip: TALLAHASSEE FL 32301

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

Title            FSHP PRESIDENT  
Name            TERNEUS, WILLIAM  
Address        951 GENESEE AVE  
City-State-Zip: SEBASTIAN FL 32958

Title            TECHNICIAN DIRECTOR  
Name            BROWN, VERENDER  
Address        3050 DYER BLVD 168  
City-State-Zip: KISSIMMEE FL 34741

Title            CHAIRMAN OF THE BOARD  
Name            MARTINEZ, HUMBERTO  
Address        14217 SW 45TH STREET  
City-State-Zip: MIAMI FL 33175

Title            PRESIDENT-ELECT  
Name            DUANE, KEVIN  
Address        7307 N. MAIN ST.  
City-State-Zip: JACKSONVILLE FL 32208

Title            SPEAKER OF THE HOUSE  
Name            HALE, GENEVIEVE  
Address        9032 DUPONT PLACE  
City-State-Zip: WELLINGTON FL 33414

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*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:** HELEN SAIRANY

**EXECUTIVE VICE  
PRESIDENT**

**09/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VICE SPEAKER  
Name LAKHANI, ANEESH  
Address 4400 N. ANDREWS AVE.  
City-State-Zip: FORT LAUDERDALE FL 33309

Title REGION 2 DIRECTOR  
Name JAKAB, ERIC  
Address 1704 KINGSWOOD RD.  
City-State-Zip: JACKSONVILLE FL 32207

Title REGION 4 DIRECTOR  
Name ALCORN, JAMES  
Address 1090 OAK BLUFF DRIVE  
City-State-Zip: DAVENPORT FL 33837

Title REGION 6 DIRECTOR  
Name PETSOS, KATHERINE  
Address 215 DRYDEN CIRCLE  
City-State-Zip: COCOA FL 32926

Title REGION 8 DIRECTOR  
Name JOHNSON, JACOB  
Address 21341 NE. 2ND CT  
City-State-Zip: MIAMI FL 33179

Title REGION 1 DIRECTOR  
Name WRIGHT, JOYANNA  
Address 10429 SW. 10TH TERRACE  
City-State-Zip: MICANOPY FL 32667

Title REGION 3 DIRECTOR  
Name SCHNELLER, MATTHEW  
Address 9787 TAYLOR ROSE LANE  
City-State-Zip: LARGO FL 33777

Title REGIONAL 5 DIRECTOR  
Name HADDAD, AMANDA  
Address 2901 N. DALE MABRY HWY  
City-State-Zip: TAMPA FL 33607

Title REGION 7 DIRECTOR  
Name SIMMONS, DAMIEN  
Address 100 JFK DR.  
City-State-Zip: ATLANTIS FL 33462

Title REGION 9 DIRECTOR  
Name ALVAREZ, GOAR  
Address 14200 SW 20 ST.  
City-State-Zip: DAVIE FL 33325