

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754115

Entity Name: SOUTHWEST FLORIDA SOCIETY OF HEALTH-SYSTEM
PHARMACISTS, INC.**Current Principal Place of Business:**19915 GULF BLVD UNIT 201
INDIAN SHORES, FL 33785**Current Mailing Address:**19915 GULF BLVD UNIT 201
INDIAN SHORES, FL 33785 US**FEI Number: 59-2034447****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LANNIGAN, JEFFRY
19915 GULF BLVD UNIT 201
INDIAN SHORES, FL 33785 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	LANNIGAN, JEFFRY
Address	13315 73RD AVE NORTH
City-State-Zip:	SEMINOLE FL 33776
Title	DIRECTOR
Name	KAZEROUNIAN, DANTE
Address	536 15TH AVE NE
City-State-Zip:	ST. PETERSBURG FL 33704
Title	PRESIDENT, ELECT
Name	RUBLE, MELISSA
Address	9221 BRINDLEWOOD DRIVE
City-State-Zip:	ODESSA FL 33556

Title	DIRECTOR
Name	BUSH, JEFFREY
Address	126 CORDOVA BLVD NE
City-State-Zip:	ST. PERETSBURG FL 33704
Title	PRESIDENT
Name	MALONE, GEORGE
Address	16017 BELLA WOODS DRIVE
City-State-Zip:	TAMPA FL 33647
Title	SECRETARY
Name	NETTLE, PHILIP
Address	4400 W SPRUCE ST. APT 264
City-State-Zip:	TAMPA FL 33607

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: JEFFRY LANNIGAN**TREASURER****01/28/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date