

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754115

Entity Name: SOUTHWEST FLORIDA SOCIETY OF HEALTH-SYSTEM
PHARMACISTS, INC.**FILED**
Jan 04, 2025
Secretary of State
7753051670CC**Current Principal Place of Business:**32089 FIREMOSS LANE
WESLEY CHAPEL, FL 33543**Current Mailing Address:**32089 FIREMOSS LANE
WESLEY CHAPEL, FL 33543 US**FEI Number: 59-2034447****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**RUBLE, MELISSA
32089 FIREMOSS LANE
WESLEY CHAPEL, FL 33543 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: MELISSA RUBLE****01/04/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	RUBLE, MELISSA
Address	32089 FIREMOSS LANE
City-State-Zip:	WESLEY CHAPEL FL 33543

Title	DIRECTOR
Name	ALLIU, VELDANA
Address	940 WEATHERSFIELD DR
City-State-Zip:	DUNEDIN FL 34698

Title	DIRECTOR
Name	KAZEROUNIAN, DANTE
Address	4513 BIG WOODS WAY
City-State-Zip:	PARRISH FL 34219

Title	PRESIDENT ELECT
Name	ANTONOPOULOS, MATTHEW
Address	3915 WEST BAY COURT AVE
City-State-Zip:	TAMPA FL 33611

Title	DIRECTOR
Name	PURSE, MITCH
Address	13913 MIDDLE PARK DRIVE
City-State-Zip:	TAMPA FL 33624

Title	SECRETARY
Name	TABULOV, CHRISTINE
Address	1586 SAND HOLLOW LANE
City-State-Zip:	PALM HARBOR FL 34683

Title	PRESIDENT
Name	LOUDEN, LES
Address	3167 MOORINGS DRIVE SOUTH
City-State-Zip:	ST. PETERSBURG FL 33712

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: MELISSA RUBLE**TREASURER****01/04/2025**

Electronic Signature of Signing Officer/Director Detail

Date