

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754115

Entity Name: SOUTHWEST FLORIDA SOCIETY OF HEALTH-SYSTEM
PHARMACISTS, INC.**Current Principal Place of Business:**9221 BRINDLEWOOD DRIVE
TAMPA, FL 33556**Current Mailing Address:**9221 BRINDLEWOOD DRIVE
TAMPA, FL 33556 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	19915 GULF BLVD UNIT 201
City-State-Zip:	INDIAN SHORES FL 33785

Title	DIRECTOR
Name	FIERRO, JOSEPH
Address	120 S ROME AVE UNIT 1
City-State-Zip:	TAMPA FL 33606

Title	DIRECTOR
Name	KAZEROUNIAN, DANTE
Address	536 15TH AVE NE
City-State-Zip:	ST. PETERSBURG FL 33704

Title	PRESIDENT, ELECT
Name	PALATHINKAL, JOBY
Address	6103 SAVANNAH BAY CT.
City-State-Zip:	TAMPA FL 33611

Title	PRESIDENT
Name	COLE, JACLYN
Address	12901 BRUCE B DOWNS BLVD MDC 30
City-State-Zip:	TAMPA FL 33612

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

Title	ASST. TREASURER
Name	RUBLE, MELISSA
Address	9221 BRINDLEWOOD DRIVE
City-State-Zip:	TAMPA FL 33556

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****02/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date