

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754115

Entity Name: SOUTHWEST FLORIDA SOCIETY OF HEALTH-SYSTEM
PHARMACISTS, INC.**Current Principal Place of Business:**13315 73RD AVE NORTH
SEMINOLE, FL 33776**Current Mailing Address:**13315 73RD AVE NORTH
SEMINOLE, FL 33776 US**FEI Number: 59-2034447****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LANNIGAN, JEFFRY
13315 73RD AVE NORTH
SEMINOLE, FL 33776 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	BUSH, JEFFREY
Address	740 PINELLAS BAYWAY SOUTH
City-State-Zip:	TIERRA VERDE FL 33715
Title	PRESIDENT
Name	PALATHINKAL, JOBY
Address	33 16TH STREET SOUTH
City-State-Zip:	ST. PETERSBURG FL 33705

Title	SECRETARY
Name	HUYNH, TO-NGA
Address	4612 DUNNIE DRIVE
City-State-Zip:	TAMPA FL 33614
Title	DIRECTOR
Name	KAZEROUNIAN, DAUTE
Address	536 15TH AVE NE
City-State-Zip:	ST. PETERSBURG FL 33704
Title	PRESIDENT, ELECT
Name	WALLACE, KRISTIE
Address	585 CAPRI BLVD
City-State-Zip:	TREASURE ISLAND FL 33706

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****01/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date