

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08290

**Entity Name:** DADE COUNTY PHARMACY ASSOCIATION, INC.

**Current Principal Place of Business:**

1271 NE 97TH STREET  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

1271 NE 97TH STREET  
MIAMI SHORES, FL 33138 US

**FEI Number: 59-2535608**

**Certificate of Status Desired: No**

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

ACEVES, CARMEN  
1271 NE 97TH STREET  
MIAMI SHORES, FL 33138 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           ACEVES, CARMEN  
Address        1271 NE 97TH STREET  
City-State-Zip: MIAMI SHORES FL 33138

Title           PRESIDENT ELECT  
Name           HUMBERTO, MARTINEZ  
Address        14217 SW. 45 ST  
City-State-Zip: MIAMI FL 33175

Title           D  
Name           SMITH-WOLLNER, SHARON  
Address        210 CHISEL ROCK WAY  
City-State-Zip: WEAVERVILLE NC 28787

Title           IMMEDIATE PAST PRESIDENT  
Name           MARCUS, JOY  
Address        13105 IXORA COURT  
City-State-Zip: NORTH MIAMI FL

Title           PRESIDENT  
Name           LUQUE, CARLA  
Address        5425 HAYES STREET  
City-State-Zip: HOLLYWOOD FL 33021

*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: CARMEN ACEVES GORDON**

**TREASURER**

**01/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date