

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08290

**FILED**  
**Jun 12, 2013**  
**Secretary of State**  
**CC6056137673**

**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 D  
Name ACEVES, CARMEN  
Address 1627 BRICKELL AVE #1104  
City-State-Zip: MIAMI FL 33129

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

Title D  
Name SMITH-WOLLNER, SHARON  
Address 1001 NE 45 CT  
City-State-Zip: HALLANDALE FL 33009

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

*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

**TREASURER**

**06/12/2013**

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

\_\_\_\_\_  
Date