# 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

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# N08290

Entity Name: DADE COUNTY PHARMACY ASSOCIATION, INC.

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## 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

# Name and Address of Current Registered Agent:

ACEVES, CARMEN 1271 NE 97TH STREET MIAMI SHORES, FL 33138 US

# Certificate of Status Desired: No

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

# Officer/Director Detail :

Title	D	Title	D
Name	ACEVES, CARMEN	Name	HUMBERTO, MARTINEZ
Address	1627 BRICKELL AVE #1104	Address	14217 SW. 45 ST
City-State-Zip:	MIAMI FL 33129	City-State-Zip:	MIAMI FL 33175
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Title	D	Title	D
Title Name	D SMITH-WOLLNER, SHARON	Title Name	D MARCUS, JOY
	-		-

TREASURER

06/12/2013

# FILED Jun 12, 2013 Secretary of State CC6056137673

Date

Date