### **2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011082

Entity Name: SOUTHEAST SOCIETY OF HEALTH-SYSTEM PHARMACISTS,

INC.

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Mar 04, 2022 Secretary of State 6310140782CC

**FILED** 

#### **Current Principal Place of Business:**

6700 NE 21ST DR

FT LAUDERDALE, FL 33308

### **Current Mailing Address:**

6700 NE 21ST DR

FT LAUDERDALE, FL 33308 US

FEI Number: 26-2396447 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

CURRAN, MATTHEW 6700 NE 21ST DR

FT LAUDERDALE, FL 33308 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: MATTHEW CURRAN 03/04/2022

Electronic Signature of Registered Agent Date

# Officer/Director Detail:

Title IMMEDIATE PAST PRESIDENT Title TREASURER

Name LIPKIN, ELIZABETH Name CURRAN, MATTHEW Address 2526 DELMAR Address 6700 NE 21ST DR

City-State-Zip: FT. LAUDERDALE FL 33301 City-State-Zip: FT LAUDERDALE FL 33308

MEMBERSHIP COORDINATOR Title PRESIDENT ELECT Title ARZOLA, MARIBETH Name SALEM, JOSEPH Name Address 4094 NW 89TH WAY Address 554 SPINNAKER City-State-Zip: WESTON FL 33326 City-State-Zip: COOPER CITY FL 33024

Title PRESIDENT Title SECRETARY
Name PANELLA, SARA M Name GENTILE, FRANK

Address 1560 NE 47TH ST Address 2190 NW 171ST TERRACE

City-State-Zip: OAKLAND PARK FL 33334 City-State-Zip: PEMBROKE PINES FL 33028

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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: SARA PANELLA

PRESIDENT

03/04/2022