

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011082

**FILED**  
**Mar 23, 2018**  
**Secretary of State**  
**CC6777146509**

**Entity Name:** SOUTHEAST SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC.

**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: Yes**

**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

03/23/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PATEL, KHUSBU DR.  
Address 18819 NW 24TH CT  
City-State-Zip: PEMBROKE PINES FL 33029

Title S  
Name LIPKIN, ELIZABETH  
Address 2526 DELMAR  
City-State-Zip: FT. LAUDERDALE FL 33301

Title T  
Name CURRAN, MATTHEW  
Address 6700 NE 21ST DR  
City-State-Zip: FT LAUDERDALE FL 33308

Title S  
Name SALEM, JOSEPH  
Address 4094 NW 89TH WAY  
City-State-Zip: COOPER CITY FL 33024

*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: MATTHEW CURRAN

S

03/23/2018

Electronic Signature of Signing Officer/Director Detail

Date