

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000874

Entity Name: TREASURE COAST SOCIETY OF HEALTH-SYSTEM
PHARMACISTS, INC**FILED**
Mar 13, 2016
Secretary of State
CC1020660485**Current Principal Place of Business:**1000 36TH STREET
VERO BEACH, FL 32960**Current Mailing Address:**PO BOX 1313
VERO BEACH, FL 32961-1313**FEI Number: 20-2511701****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DUTRA, KELLY
714 SW GOLDSHINE CT
PALM CITY, FL 34990 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: KELLY DUTRA****03/13/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT ELECT

Name DUTRA, KELLY

Address 714 SW GOLDSHINE CT

City-State-Zip: PALM CITY FL 34990

Title SECRETARY

Name WILSON-KELLY, CECILE

Address 4100 SILVERSTONE DR

City-State-Zip: FORT PIERCE FL 34947

Title IMMEDIATE PAST PRESIDENT

Name JEFFRIES, JACLYN

Address 995 N. HWY A1A
UNIT 109

City-State-Zip: INDIALANTIC FL 32903

Title PRESIDENT

Name LAMBIE, MATHEW

Address 1913 GREY FALCON CIR SW

City-State-Zip: VERO BEACH FL 32962

Title TREASURER

Name DUNHAM, DANIEL

Address 4982 SE DEVENWOOD WAY

City-State-Zip: STUART FL 34997

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: KELLY DUTRA**PRESIDENT ELECT****03/13/2016**

Electronic Signature of Signing Officer/Director Detail

Date