

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008620

Entity Name: SPECIALTY PHARMACY CERTIFICATION BOARD, INC.

Current Principal Place of Business:

4301 W BOY SCOUT BLVD STE 300
TAMPA, FL 33607

Current Mailing Address:

4301 W BOY SCOUT BLVD STE 300
TAMPA, FL 33607

FEI Number: 46-0931827

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEVENSON, C. MARK ESQ
4301 W BOY SCOUT BLVD STE 300
TAMPA, FL 33607 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 OTHER
Name CIANCARELLI , ERICKA N
Address 4301 W BOY SCOUT BLVD STE 300
City-State-Zip: TAMPA FL 33607

Title GARY M. COHEN
Name COHEN, GARY M
Address 4301 W BOY SCOUT BLVD STE 300
City-State-Zip: TAMPA FL 33607

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: ERICKA N. CIANCARELLI

MANAGER

01/22/2015

Electronic Signature of Signing Officer/Director Detail

Date