

**2014 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

*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: CIANCARELLI , ERICKA N**

**MANAGER**

**02/17/2014**

Electronic Signature of Signing Officer/Director Detail

Date