## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000634

Entity Name: AMERICAN PHARMACISTS ASSOCIATION INC.

**FILED** Mar 06, 2018 **Secretary of State** CC3712311083

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

5000 LAKEWOOD RANCH BOULEVARD

BRADENTON, FL 34211

## **Current Mailing Address:**

5000 LAKEWOOD RANCH BOULEVARD ATTN: APHA-ASP ADVISOR OFFICE 286

BRADENTON, FL 34211 US

FEI Number: 27-0805825 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

HUBBARD, AMBER 5000 LAKEWOOD RANCH BOULEVARD ATTN: APHA-ASP ADVISOR OFFICE 286 BRADENTON, FL 34211 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: AMBER HUBBARD 03/06/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

**PRESIDENT** Title Title VΡ

ROMANO, STEPHANIE SANDOVAL, ISABEL Name Name

Address 5000 LAKEWOOD RANCH Address 5000 LAKEWOOD RANCH

> **BOULEVARD BOULEVARD**

ATTN: APHA-ASP ADVISOR OFFICE ATTN: APHA-ASP ADVISOR OFFICE

BRADENTON FL 34211 City-State-Zip: City-State-Zip: **BRADENTON FL 34211** 

**DIRECTOR** Title **TREA** Title

HUBBARD, AMBER SCOLARO, KELLY L Name Name

Address 5000 LAKEWOOD RANCH Address 5000 LAKEWOOD RANCH

> **BOULEVARD BOULEVARD** OFFICE 286

ATTN: APHA-ASP ADVISOR OFFICE

286 City-State-Zip: **BRADENTON FL 34211** 

**BRADENTON FL 34211** City-State-Zip:

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.

03/06/2018 SIGNATURE: AMBER HUBBARD TREASURER