

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000000258

**Entity Name:** SOUTHERN GULF SOCIETY OF HEALTH SYSTEM  
PHARMACISTS, INC

**FILED**  
**Jan 20, 2020**  
**Secretary of State**  
**2756129050CC**

**Current Principal Place of Business:**

C/O 3417 SW 2ND AVE  
CAPE CORAL, FL 33914

**Current Mailing Address:**

C/O 3417 SW 2ND AVE  
CAPE CORAL, FL 33914 US

**FEI Number: 20-4240281**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KESSINGER, STEPHEN M  
C/O 3417 SW 2ND AVE  
CAPE CORAL, FL 33914 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           TREASURER  
Name           KESSINGER, STEPHEN M  
Address        3417 SW 2ND AVE  
City-State-Zip: CAPE CORAL FL 33914

Title           SECRETARY  
Name           SOWERBY, KRISTY M  
Address        28652 LISBURN COURT  
City-State-Zip: BONITA SPRINGS FL 34135

Title           PRESIDENT  
Name           ELNEMR, DIANA  
Address        11218 TULIP POPLAR LANE  
City-State-Zip: FORT MYERS FL 33913

Title           PRESIDENT-ELECT  
Name           HOFFMAN, LEXIE  
Address        1505 PALOMA DRIVE  
City-State-Zip: FORT MYERS FL 33901

*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: STEPHEN M KESSINGER**

**TREASURER**

**01/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date