

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000000258

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

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC8258229654**

**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 P  
Name PATEL, MOHIT  
Address 17001 CLEMENTE CT  
City-State-Zip: FORT MYERS FL 33908

Title T  
Name KESSINGER, STEPHEN M  
Address 3417 SW 2ND AVE  
City-State-Zip: CAPE CORAL FL 33914

Title S  
Name MITCHELSON, SUSAN  
Address 21741 HELMSDALE RUN  
City-State-Zip: ESTERO FL 33928

*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

01/06/2017

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

\_\_\_\_\_  
Date