

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