

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000448

FILED
Feb 24, 2015
Secretary of State
CC7667071597

Entity Name: CENTRAL FLORIDA SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC.

Current Principal Place of Business:

2910 KERRY FOREST PARKWAY D4, SUITE 376
TALLAHASSEE, FL 32309

Current Mailing Address:

520 RICHMOND STREET
ORLANDO, FL 32806 US

FEI Number: 59-3170704

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BHAVSAR, ARTI N
520 RICHMOND STREET
ORLANDO, FL 32806 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 BHAVSAR, ARTI
Address 520 RICHMOND STREET
City-State-Zip: ORLANDO FL 32806

Title PAST PRESIDENT
Name LOUZON, PATRICIA
Address 4811 LAKE MILLY DRIVE
City-State-Zip: ORLANDO FL 32839

Title SECRETARY
Name WALKER, ANISHKA PHD
Address 2710 ESTEP COURT
City-State-Zip: OCOEE FL 34761

Title PRESIDENT
Name MORRIS, CANDICE
Address 2694 SUGAR PINE RUN
City-State-Zip: OVIEDO FL 32765

Title PRESIDENT-ELECT
Name NINNO, MARK
Address 2637 FALLBROOK DRIVE
City-State-Zip: OVIEDO FL 32765

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: ARTI BHAVSAR

TREASURER

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date