

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N93000000448

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

**FILED  
Aug 25, 2013  
Secretary of State  
CC6508126159**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

P.O. BOX 561424  
ORLANDO, FL 32856

**FEI Number: 59-3170704**

**Certificate of Status Desired: No**

**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            PRESIDENT  
Name            BHAVSAR, ARTI  
Address        520 RICHMOND STREET  
City-State-Zip: ORLANDO FL 32806

Title            PAST PRESIDENT  
Name            ROSE, RENEE  
Address        2725 S BINION ROAD  
City-State-Zip: APOPKA FL 32723

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

Title            SECRETARY  
Name            MARBLE, PAM PHD  
Address        SOUTH SEMINOLE HOSPITAL  
City-State-Zip: ORLANDO FL

*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 N. BHAVSAR**

**PRESIDENT**

**08/25/2013**

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

\_\_\_\_\_  
Date