

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000448

**FILED**  
**Jan 23, 2014**  
**Secretary of State**  
**CC4540206864**

**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:**

P.O. BOX 561424  
ORLANDO, FL 32856

**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 PAST PRESIDENT

Name BHAVSAR, ARTI

Address 520 RICHMOND STREET

City-State-Zip: ORLANDO FL 32806

Title PRESIDENT

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

Title PRESIDENT ELECT

Name MORRIS, CANDICE

Address FLORIDA HOSPITAL CPI BUILDING

City-State-Zip: ORLANDO FL 32803

Title TREASURER

Name NINNO, MARK

Address VHA

City-State-Zip: ORLANDO FL 32806

*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**

**PAST PRESIDENT**

**01/23/2014**

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

\_\_\_\_\_  
Date