

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000448

**FILED**  
**Feb 05, 2024**  
**Secretary of State**  
**7891522507CC**

**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:**

415 E PINE STREET  
APT. 1613  
ORLANDO, FL 32801 US

**FEI Number: 59-3170704**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CARR, AMY  
415 E PINE STREET  
APT. 1613  
ORLANDO, FL 32801 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: AMY CARR**

**02/05/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST PRESIDENT  
Name FOX, MARLENA  
Address 2910 KERRY FOREST PARKWAY D4,  
SUITE 376  
City-State-Zip: TALLAHASSEE FL 32309

Title PRESIDENT  
Name CAROTHERS, CHANCEY  
Address 2910 KERRY FOREST PARKWAY D4,  
SUITE 376  
City-State-Zip: TALLAHASSEE FL 32309

Title TREASURER  
Name CARR, AMY  
Address 415 E PINE STREET  
APT. 1613  
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT-ELECT  
Name WOOTEN, LESLIE  
Address 2910 KERRY FOREST PARKWAY D4,  
SUITE 376  
City-State-Zip: TALLAHASSEE FL 32309

Title SECRETARY  
Name PERRY, MELANIE  
Address 2910 KERRY FOREST PARKWAY D4,  
SUITE 376  
City-State-Zip: TALLAHASSEE FL 32309

Title EDUCATION COORDINATOR  
Name MCNEILL, SYDNEY  
Address 2910 KERRY FOREST PARKWAY D4,  
SUITE 376  
City-State-Zip: TALLAHASSEE FL 32309

Title MARKETING COORDINATOR  
Name LABRADOR, NATALIE  
Address 2910 KERRY FOREST PARKWAY D4,  
SUITE 376  
City-State-Zip: TALLAHASSEE FL 32309

*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: AMY CARR**

**TREASURER**

**02/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date