2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000448

Entity Name: CENTRAL FLORIDA SOCIETY OF HEALTH-SYSTEM

PHARMACISTS, INC.

Current Principal Place of Business:

2304-B KILLEARN CENTER BLVD TALLAHASSEE, FL 32308

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

FILED Jan 28, 2013

Secretary of State

CC1831826626

Officer/Director Detail:

Title **PRESIDENT** Title PAST PRESIDENT Name BHAVSAR, ARTI Name ROSE, RENEE Address **520 RICHMOND STREET** Address 2725 S BINION ROAD City-State-Zip: ORLANDO FL 32806 City-State-Zip: APOPKA FL 32723

Title PRESIDENT ELECT Title TRES

NameLOUZON, PATRICIANameMIKHAEL, MARKAddress4811 LAKE MILLY DRIVEAddress14617 CHLOE CTCity-State-Zip:ORLANDO FL 32839City-State-Zip:ORLANDO FL 32826

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: MARK MIKHAEL TREASURER 01/28/2013