

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000448

**FILED**  
**Feb 05, 2019**  
**Secretary of State**  
**8924631910CC**

**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:**

4469 BARBADOS LOOP  
CLERMONT, FL 34711 US

**FEI Number: 59-3170704**

**Certificate of Status Desired: Yes**

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

BRAUN, KELLY  
4469 BARBADOS LOOP  
CLERMONT, FL 34711 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: KELLY BRAUN**

**02/05/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST-PRESIDENT  
Name STEELE, KEVIN  
Address 890 BROADSTONE WAY  
#105  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TREASURER  
Name BRAUN, KELLY  
Address 4469 BARBADOS LOOP  
City-State-Zip: CLERMONT FL 34711

Title PRESIDENT  
Name BLANCO, FERNANDO  
Address 1333 LAKE BALDWIN LANE  
#414  
City-State-Zip: ORLANDO FL 32814

Title PRESIDENT-ELECT  
Name ROWE, ABBY  
Address 520 N. ORLANDO AVE,  
APT 46  
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY  
Name HACKER, NEISHA  
Address 580 KEYHOLD LOOP  
City-State-Zip: APOPKA FL 34772

*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: KELLY BRAUN**

**TREASURER**

**02/05/2019**

Electronic Signature of Signing Officer/Director Detail

Date