## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 567267** 

Entity Name: FLORIDA PHARMACY JOURNAL, INC.

**Current Principal Place of Business:** 

610 N. ADAMS STREET TALLAHASSEE. FL 32301

**Current Mailing Address:** 

610 N. ADAMS STREET TALLAHASSEE, FL 32301

FEI Number: 59-1845552 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACKSON, MICHAEL A 610 NO ADAMS STREET TALLAHASSEE, FL 32301 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 EXECUTIVE EDITOR Title SECRETARY, DIRECTOR

Name JACKSON, MICHAEL A Name ULRICH, STUART

Address 6440 JUSTIN GRANT TRAIL Address 1811 BANYAN CREEK CIRCLE NORTH

City-State-Zip: TALLAHASSEE FL 32308

City-State-Zip: BOYNTON BEACH FL 33436

Title DIRECTOR

Name POSTON, REBECCA Name BERGEMANN, DONALD
Address 5526 LAKE MARY JESS COURT Address 214 HOLLOW OAK COART

City-State-Zip: ORLANDO FL 32839 City-State-Zip: TARPON SPRINGS FL 34689

Title CHAIRMAN Title VC

Name MOTYCKA, CAROL Name MEDINA, CHRISTINA

Address 1765 PEPPERSTONE COURT Address 10367 SW 118TH STREET

City-State-Zip: SAINT AUGUSTINE FL 32092 City-State-Zip: MIAMI FL 33176

Title DIRECTOR Title DIRECTOR

Name TOMAKA, NORMAN P Name NGUEBO, PATRICIA

Address HRMC PHARMACY, 1350 S.HICKORY Address 3240 SW 34TH STREET #1119

STREET

City-State-Zip: MELBOURNE FL 32901 City-State-Zip: OCALA FL 34474

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL A. JACKSON EXECUTIVE EDITOR 01/04/2017

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 04, 2017

**Secretary of State** 

CC1339681831

## Officer/Director Detail Continued:

Title DIRECTOR

Name PELEGRIN, GRETA

Address 9066 SW 73RD CT APT# 204

City-State-Zip: MIAMI FL 33156