

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 567267

**FILED**  
**Jan 07, 2016**  
**Secretary of State**  
**CC6595227590**

**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  
Name JACKSON, MICHAEL A  
Address 6440 JUSTIN GRANT TRAIL  
City-State-Zip: TALLAHASSEE FL 32308

Title TREASURER  
Name GRABOWSKI, STEPHEN  
Address 2831 SHIPSTON AVENUE  
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR  
Name ULRICH, STUART  
Address 1811 BANYAN CREEK CIRCLE NORTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title DIRECTOR  
Name POSTON, REBECCA  
Address 5526 LAKE MARY JESS COURT  
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR  
Name KOPTOWSKY, JOSEPH  
Address 14125 SW 46TH TERRACE  
City-State-Zip: MIAMI FL 33175

Title DIRECTOR  
Name BERGEMANN, DONALD  
Address 214 HOLLOW OAK COART  
City-State-Zip: TARPON SPRINGS FL 34689

Title CHAIRMAN  
Name MOTYCKA, CAROL  
Address 1765 PEPPERSTONE COURT  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title VC  
Name MEDINA, CHRISTINA  
Address 10367 SW 118TH STREET  
City-State-Zip: MIAMI FL 33176

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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**

**01/07/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TOMAKA, NORMAN P  
Address HRMC PHARMACY, 1350 S.HICKORY STREET  
City-State-Zip: MELBOURNE FL 32901

Title SECRETARY  
Name BROWN, VERENDER G  
Address 3208 E. COLONIAL DRIVE #149  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name NGUEBO, PATRICIA  
Address 3240 SW 34TH STREET #1119  
City-State-Zip: OCALA FL 34474