

**2022 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  
Name JACKSON, MICHAEL A  
Address 6440 JUSTIN GRANT TRAIL  
City-State-Zip: TALLAHASSEE FL 32308

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

Title DIRECTOR  
Name PELEGRIN, GRETA  
Address 9066 SW 73RD CT APT# 204  
City-State-Zip: MIAMI FL 33156

Title DIRECTOR, TREASURER  
Name JAKAB, ERIC  
Address 1704 KINGSWOOD RD  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name FINNICK, MICHAEL  
Address 3544 ST. JOHNS BLUFF ROAD SOUTH  
APT 210  
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR, VC  
Name SCHNELLER, MATT  
Address 9787 TAYLOR ROSE LANE  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name TOMERLIN, TERESA  
Address 3233 HAWTHORNE AVE  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, SECRETARY,  
Name BURGER, JULIE  
Address 421 OAK KNOLL LANE  
City-State-Zip: PENSACOLA FL 32506

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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**

**01/10/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR, CHAIRMAN  
Name            MACKAREY, DAVID  
Address        1020 NW 49TH CT  
City-State-Zip:  POMPANO BEACH FL 33064