

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 567267

FILED
Jan 04, 2019
Secretary of State
CC9454585431

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

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

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

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

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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 JACKSON

**EXECUTIVE VICE
PRESIDENT AND CEO**

01/04/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name BURGER, JULIE
Address 420 S 2ND STREET
City-State-Zip: PENSACOLA FL 32507