

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730895

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** FLORIDA SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC.

**Current Principal Place of Business:**

3375-E CAPITAL CIRCLE NE, SUITE 3  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

**Current Mailing Address:**

2910 KERRY FOREST PKWY, D4-376  
TALLAHASSEE, FL 323096892

**New Mailing Address:**

**FEI Number:** 59-6549147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCQUONE, MICHAEL J  
2304 KILEARN CENTER BLVD., STE. B  
TALLAHASSEE, FL 32308 US

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

MCQUONE, MICHAEL J  
2910 KERRY FOREST PKWY D4 STE 376  
TALLAHASSEE, FL 32309 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:

05/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: M  
Name: MCQUONE, MICHAEL J  
Address: 2910 KERRY FOREST PKWY D4 STE 376  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D  
Name: HOGREFE, CONNIE  
Address: 12580 PANASOFFKEE DRIVE  
City-St-Zip: N FORT MYERS, FL 33903

Title: D  
Name: FULLER, ALISSA  
Address: 23321 SANDS POINTE DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: P  
Name: PRICE, VENESSA  
Address: 13805 NW 22ND PLACE  
City-St-Zip: SUNRISE, FL 33323 US

Title: T  
Name: BROWN, DEBORAH  
Address: 3204 STONEBRIDGE TRAIL  
City-St-Zip: VALRICO, FL 33996 US

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: MICHAEL J. MCQUONE

M

05/01/2012

Electronic Signature of Signing Officer or Director

Date