

731046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

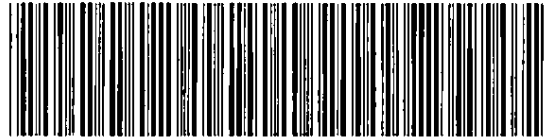
(Business Entity Name)

(Document Number)

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Amend

12/04/24--01001--000 \$0.00

RECEIVED

2024 DEC -3 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FL 32399

00

FILED

2024 DEC -5 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FL 32399

A. RAMSEY

DEC 6 2024

*00789, 01092, 04135, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Pharmacy Association

DOCUMENT NUMBER: 731046

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacy Hall
(Name of Contact Person)

Florida Pharmacy Association
(Firm/ Company)

610 N Adams St
(Address)

Tallahassee, FL 32301
(City/ State and Zip Code)

shall@pharmview.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy Hall at 850 5440218
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2024

STACY HALL
FLORIDA PHARMACY ASSOCIATION, INC.
610 N. ADAMS ST
TALLAHASSEE, FL 32301

SUBJECT: FLORIDA PHARMACY ASSOCIATION, INC.
Ref. Number: 731046

We have received your document for FLORIDA PHARMACY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ The current name of the entity is as referenced above. Please correct your document accordingly.
- ✓ Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 024A00026169

DEC 4 2024
PM 4:24
731046

Articles of Amendment
to
Articles of Incorporation
of

FILED

2024 DEC -5 AM 9: 06

Florida Pharmacy Association, ~~INC.~~

(Name of Corporation as currently filed with the Florida Dept. of State)

731046

CLERK OF STATE
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action	Title	Name	Address
<input type="checkbox"/> change	FSHP President	William Terneus	951 Genesee Ave
<input type="checkbox"/> add			Sebastian, FL 32958
<input checked="" type="checkbox"/> remove			
<input type="checkbox"/> change	FSHP President	Dionis Malo	3662 Arboretum Place
<input checked="" type="checkbox"/> add			Palm Harbor, FL 34683
<input type="checkbox"/> remove			
<input type="checkbox"/> change	Technician Director	Verender Brown	3050 Dyer Blvd 168
<input type="checkbox"/> add			Kissimmee, FL 34741
<input checked="" type="checkbox"/> remove			
<input checked="" type="checkbox"/> change	From Chariman of the Board to Region 8 Director	Martinez Humberto	14217 SW 45th Street
<input type="checkbox"/> add			Miami, FL 33175
<input type="checkbox"/> remove			
<input checked="" type="checkbox"/> change	From President Elect to President	Kevin, Duane	7307 N Main St
<input type="checkbox"/> add			Jacksonville, FL 32208
<input type="checkbox"/> remove			
<input checked="" type="checkbox"/> change	From Executive Vice President to EVP and CEO	Stacy Hall	610 N Adams St
<input type="checkbox"/> add			Tallahassee, FL 32309
<input type="checkbox"/> remove			
<input checked="" type="checkbox"/> change	From President of the Board to Chaiman of the Board	William Mincy	2648 Bantry Bay Dr
<input type="checkbox"/> add			Tallahassee, FL 32309
<input type="checkbox"/> remove			
<input type="checkbox"/> change	Speeaker of the House	Genevieve Hale	9032 Dupont Place
<input type="checkbox"/> add			Wellington, FL 33414
<input checked="" type="checkbox"/> remove			
<input type="checkbox"/> change	Regional 4 Director	James Alcorn	1090 Oak Bluff Drive
<input type="checkbox"/> add			Davenport, FL 33837
<input checked="" type="checkbox"/> remove			
<input checked="" type="checkbox"/> change	From Vice Speaker to Speaker of the House	Aneesh Lakhani	4400 N. Andrews Ave.
<input type="checkbox"/> add			Fort Lauderdale, FL 33309
<input type="checkbox"/> remove			
<input type="checkbox"/> change	Region 4 Director	Trey Burry	500 Webster Street
<input checked="" type="checkbox"/> add			Leesburg, FL 34748

remove

change Vice Speaker of the House

add

remove

change Region 6 director

add

remove

change Region 6 Director

add

remove

change Region 8 Director

add

remove

change

add

remove

change

add

remove

Dustin Williams

Kathy Petsos

Eric Russo

Jacob Johnson

5317 Travertine Street

Mount Dora, FL 32757

215 Dryden Circle

Cocoa, FL 32926

133 Banana River Dr.

Merritt Island, FL 32952-2546


21341 NE 2nd Ct

Miami, FL 33179

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 11-20-24

Signature 
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Stacy Hall
(Typed or printed name of person signing)

CEO
(Title of person signing)