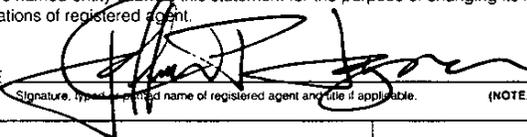
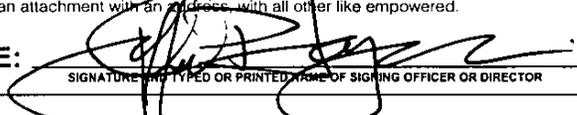


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 25 PM 12:38

<b>DOCUMENT # 754115</b> 1. Entity Name SOUTHWEST FLORIDA SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC.					
Principal Place of Business % STEPHEN GEORGE 6285 E. FOWLER AVE. TAMPA, FL 33617 US		Mailing Address % STEPHEN GEORGE 6285 E. FOWLER AVE. TAMPA, FL 33617 US			
2. Principal Place of Business - No P.O. Box # 13315 73rd Ave North		3. Mailing Address 13315 73rd Ave North			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Seminole, Fl		City & State Seminole, Fl		4. FEI Number 59-2034447	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip 33776		Country USA		Zip 33776	
Country USA		6. Name and Address of Current Registered Agent COWELL, WESLEY 4707 STOVE PLACE VALRICO, FL 33594			
7. Name and Address of New Registered Agent Name Jeffry Lannigan		Street Address (P.O. Box Number is Not Acceptable) 13315 73rd Ave North			
City Seminole		State FL		Zip Code 33776	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE				DATE 6/10/08	
Signature, type or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PE/D <input type="checkbox"/> Delete	TITLE	PE/D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLEM, CHRISTIAN	NAME	Joseph Haynes		
STREET ADDRESS	7201 GENNAKER DRIVE	STREET ADDRESS	10012 130th Lane		
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP	Seminole, Fl 33776		
TITLE	TD <input type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GEORGE, STEPHEN	NAME	Lannigan, Jeffry		
STREET ADDRESS	6285 EAST FOWLER AVE.	STREET ADDRESS	13315 73rd Ave North		
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP	Seminole, Fl 33776		
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARDIN, MATTHEW	NAME	Melody Buchanan		
STREET ADDRESS	11203 SAGINAW DR.	STREET ADDRESS	1208 Versant Dr Apt 202		
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	CITY-ST-ZIP	Brandon, Fl 33511		
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANIGON, JEFFRY P	NAME	Cowell, Wesley		
STREET ADDRESS	13315 73RD AVE NORTH	STREET ADDRESS	4707 Stove Place		
CITY-ST-ZIP	SEMINOLE, FL 33776	CITY-ST-ZIP	Valrico, Fl 33594		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STATEMENT	NAME	500131673385		
STREET ADDRESS	07-08	STREET ADDRESS	06/25/08--01006--006 **122.50		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	500131673385		
STREET ADDRESS		STREET ADDRESS	06/25/08--01006--007 **8.75		
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:				DATE 6/10/08	
Signature, type or printed name of signing officer or director		Date		Daytime Phone # 813-290-6200 x5119	