

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 25 PM 12:38

DOCUMENT # 754115 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	
Zip 33776		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 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			
FILE NOW!!! FEE IS \$122.50		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 NAME STREET ADDRESS CITY-ST-ZIP	PE/D KLEM, CHRISTIAN 7201 GENNAKER DRIVE TAMPA, FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEORGE, STEPHEN 6285 EAST FOWLER AVE. TAMPA, FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARDIN, MATTHEW 11203 SAGINAW DR. TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANIGON, JEFFRY P 13315 73RD AVE NORTH SEMINOLE, FL 33776	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE/D Joseph Haynes 10012 130th Lane Seminole, FL 33776	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lannigan, Jeffry 13315 73rd Ave North Seminole, FL 33776	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Melody Buchanan 1208 Versant Dr Apt 202 Brandon, FL 33511	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cowell, Wesley 4707 Stove Place Valrico, FL 33594	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		
SIGNATURE:			DATE 6/10/08		