

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007656

FILED
Apr 12, 2012
Secretary of State

Entity Name: VOLUSIA/FLAGLER COUNTY PHARMACY ASSOCIATION, INC.

Current Principal Place of Business:

1545 TOWN PARK DRIVE
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

1545 TOWN PARK DRIVE
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 16-1643906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAMBERT, WILLIAM N
629 NORTH PENINSULA AVENUE
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: DODDO, MARCUS
Address: 1337 KILLBRICKEN CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD
Name: HUGUENIN, LARRY B
Address: 738 KNOLLVIEW BOULEVARD
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD
Name: RAVAL, KEVIN
Address: 6745 FERRI CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

Title: TD
Name: ETHRIDGE, ROBERT W
Address: 1545 TOWN PARK DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: D
Name: GOUDREAU, DENIS
Address: 790 COBBLESTONE WAY
City-St-Zip: ORMOND BEACH, FL 32174

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: ROBERT W. ETHRIDGE

TREA

04/12/2012

Electronic Signature of Signing Officer or Director

Date