

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 08:00 A
Secretary of State

DOCUMENT # N04000002302	
1. Entity Name FLORIDA COMMUNITY PHARMACY SOCIETY, INC.	
Principal Place of Business 4133 UNIVERSITY BLVD S #1 JACKSONVILLE, FL 32216	Mailing Address 4133 UNIVERSITY BLVD S #1 JACKSONVILLE, FL 32216



01302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JAFFRY, EDWARD S 106 E COLLEGE AVE SUITE 1200 TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHMAN, BOB 4401 SHERIDAN ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORIEGA, JOHN 202 E. BRANDON BLVD. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSEY, LYNN 306 E. JEFFERSON ST. QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLINS, DEE ANN 830 OHIO AVENUE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAPIER, BILL 7302 N. MAIN STREET JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCK, PAUL 202 S.W. 15TH STREET OCALA, FL 34474

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02/28/08-80001-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Lynn G. Massey 2-11-2008 850-627-7595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #