

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003444

FILED
May 08, 2005
Secretary of State

Entity Name: SOUTH FLORIDA PROFESSIONAL PHARMACEUTICAL ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 814686
HOLLYWOOD, FL 33081 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 814686
HOLLYWOOD, FL 33081 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

REME, RUTH N
2836 FILLMORE STREET
#32
HOLLYWOOD, FL 33020 US

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: P () Delete
Name: REME, RUTH N
Address: 2836 FILLMORE STREET # 32
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VP () Delete
Name: POSTELL, JESSE
Address: 3450 SW 170TH AVE
City-St-Zip: MIRAMAR, FL 33027 US

Title: VP () Delete
Name: MESSAM, WAYNE
Address: 18961 SW 30TH STREET
City-St-Zip: MIRAMAR, FL 33029 US

Title: T () Delete
Name: PROPHETE, KEVIN
Address: 1117 NW 145TH TERRACE
City-St-Zip: MIAMI, FL 33168 US

Title: S () Delete
Name: LUMPKINS, BRIGETTE
Address: 1251 NE 108TH STREET # 606
City-St-Zip: MIAMI, FL 33161 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEVIN PROPHETE

T

05/08/2005

Electronic Signature of Signing Officer or Director

Date