

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009013

FILED  
Feb 24, 2010  
Secretary of State

**Entity Name:** ASSOCIATION OF BLACK HEALTH-SYSTEM PHARMACISTS, INC.

**Current Principal Place of Business:**

2910 KERRY FOREST PARKWAY  
SUITE D4-393  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

2910 KERRY FOREST PARKWAY  
SUITE D4-393  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:** 20-8692180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ALEXANDER, EARNEST CHAIR  
13270 SPRINGER LANE  
TAMPA, FL 33625 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: P  
Name: ALEXANDER, EARNEST  
Address: 13270 SPRINGER LANE  
City-St-Zip: TAMPA, FL 33625

Title: VP  
Name: CASSAGNOL, MANOUCHKAT  
Address: 76 BUTLER PLACE  
City-St-Zip: HEMPSTEAD, NY 11550

Title: T  
Name: CLARK, JOHN E  
Address: 2741 SW 127TH AVENUE  
City-St-Zip: MIRAMAR, FL 33027

Title: BOD  
Name: KNIGHT, HORACE  
Address: 13 BEAUVOIR COURT  
City-St-Zip: ROCKVILLE, MD 20855

Title: P P  
Name: GELLINEAU, PATRICIA  
Address: 15780 SW 139TH AVENUE  
City-St-Zip: MIAMI, FL 33177

Title: BOD  
Name: CUELLAR, LOURDES  
Address: 6655 DE MOSS  
City-St-Zip: HOUSTON, TX 77074

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: HORACE KNIGHT

BOD

02/24/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date