2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010920

FILED Jan 11, 2012 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF CONSULTANT PHARMACISTS, INC.

Current Principal Place of Business: New Principal Place of Business:

1564 LEE AVENUE TALLAHASSEE

TALLAHASSEE, FL 32303 US

Current Mailing Address: New Mailing Address:

1564 LEE AVENUE TALLAHASSEE

TALLAHASSEE, FL 32303 US

FEI Number: 27-1518923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KILE, BRADLEY D 1564 LEE AVENUE TALLAHASSEE

TALLAHASSEE, FL 32303 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: [

Name: KILE, BRADLEY D Address: 1564 LEE AVENUE

City-St-Zip: TALLAHASSEE, FL 32303 US

Title: D

Name: LITTLE, MARTHA

Address: 4689 CARLTON GOLF DRIVE City-St-Zip: LAKE WORTH, FL 33467 US

Title: D

Name: GOLDSTEIN, ERIC
Address: 9803 GINERWOOD DRIVE
City-St-Zip: TAMPA, FL 33626 US

Title:

Name: DALLMAN, JANET

Address: 6106 55TH TERRACE EAST City-St-Zip: BRADENTON, FL 34203 US

Title:

Name: TEAL, STEVEN
Address: 17951 DANGLER ROAD
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: D

Name: STARNES, LISA

Address: 3522 VELDA WOODS DRIVE City-St-Zip: TALLAHASSEE, FL 32828 US

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: BRADLEY KILE MGR 01/11/2012