## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09000011013

FILED Apr 07, 2011 Secretary of State

Entity Name: SARASOTA REGIONAL SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC.

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

1700 SOUTH TAMIAMI TRAIL DEPT. OF PHARMACY SARASOTA, FL 34239

Current Mailing Address: New Mailing Address:

1700 SOUTH TAMIAMI TRAIL DEPT. OF PHARMACY SARASOTA, FL 34239

FEI Number: 20-2819805 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

KISGEN, JAMIE

1700 SOUTH TAMIAMI TRAIL

DEPT. OF PHARMACY

SARASOTA, FL 34239 US

STEWART, AMY

1700 SOUTH TAMIAMI TRAIL

DEPT. OF PHARMACY

SARASOTA, FL 34239 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: AMY STEWART 04/07/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: P

Name: STEWART, AMY

Address: 1700 SOUTH TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34239

Title: F

Name: BARKER, TYLER

Address: 1700 SOUTH TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34239

Title: S

Name: WARGO, RYAN

Address: 5000 LAKEWOOD RANCH BLVD City-St-Zip: BRADENTON, FL 34211

Title: T

 Name:
 RAILSBACK, LAUREL

 Address:
 1700 SOUTH TAMIAMI TRAIL

 City-St-Zip:
 SARASOTA, FL 34239

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: AMY STEWART P 04/07/2011