

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011013

FILED  
Apr 20, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-2819805

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

BARKER, TYLER  
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: TYLER BARKER

04/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SAMAI, KATHRYN  
Address: 5000 LAKEWOOD RANCH BLVD  
City-St-Zip: BRADENTON, FL 34211

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: TYLER BARKER

P

04/20/2012

Electronic Signature of Signing Officer or Director

Date