2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2011
Secretary of State

DOCUMENT# N10000000130

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

Current Principal Place of Business:

388 MEADOW RIDGE DRIVE
TALLAHASSEE, FL 32312

New Principal Place of Business:

388 MEADOW RIDGE DRIVE
TALLAHASSEE, FL 32312 US

Current Mailing Address:

PO BOX 3500
TALLAHASSEE, FL 323153500

New Mailing Address:

FEI Number: 20-4430555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAZEN, JOAN
5825 COUNTRYSIDE DRIVE
TALLAHASSEE, FL 32317 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: WALLACE, JAY
Address: 388 MEADOW RIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: T
Name: HAZEN, JOAN
Address: 5825 COUNTRYSIDE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: S
Name: GREEN, JILL
Address: 2404 DELGADO DRIVE
City-St-Zip: TALLAHASSEE, FL 32304

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: JAY WALLACE P 02/23/2011

Electronic Signature of Signing Officer or Director — Date