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TALLAHASSEE, FLORIDA

# **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Tre	asure Coast Society (PROPOSED CORPORAT)	of Health-System NAME – <u>MUST INCLU</u>	Pharmacists, Inc DE SUFFIX)
Enclosed is an original a	nd one (1) copy of the Artic	les of Incorporation and	a check for :
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Theresa Urban	ited or typed)	<b>.</b>
	Post Office Box 1313 Address		-
Vero Beach, Florida 32961-1313  City, State & Zip			-
	321-693-7531  Daytime Tele	phone number	-
	theresa.urban@irmc.cc		

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

#### ARTICLES OF INCORPORATION

#### TREASURE COAST SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC

The undersigned for the purpose of forming a nonprofit corporation under Florida Statutes Chapter 47, description hereby make and adopt the following Articles of Incorporation:

#### <u>ARTICLE I- NAME</u>

The name of the corporation shall be TREASURE COAST SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC. The principal place of business of this corporation shall be 1000 36<sup>th</sup> Street, Vero Beach, Florida 32960. The mailing address shall be Post Office Box 1313, Vero Beach, Florida 32961-1313.

## **ARTICLE 11-PURPOSE**

The purposes for which this Corporation is organized are as follows:

- 1. To improve and extend the professional services of pharmacies in organized health care settings, as providers of pharmaceutical services and health care consultants to the people of Southeast Florida, to the institution(s) served, to other health care professionals, and to the profession of Pharmacy.
- 2. To aid in the progress of the profession of Pharmacy, especially institutional pharmacy practice. In fulfilling this objective, the TCSHP encourages continuing education, research, documents, and reports on pharmaceutical topics with an emphasis on the development of pharmacy practice standards, codes of ethics, and recommended pharmacy practice methods.
- 3. To endeavor and maintain high professional standards within the practice of pharmacy and to require high standards of ethical practice by the members of the Society.
- 4. To cooperate with the Florida Society of Health-System Pharmacists and other professional pharmaceutical organizations, and to promote a favorable relationship with governmental agencies and with the general public.
- 5. To act for, and on behalf of, all pharmacists associated with organized health care institutions in matters of economic welfare, including compensation for services, conditions of pharmacy practice, and expanded practice opportunities.
- 6. To provide opportunities for professional networking, communication of ideas and practices and community service for pharmacists in the Treasure Coast area of Florida which includes the following counties: Martin, Indian River, Brevard, St Lucie and Okeechobee.
- 7. To carry on any business necessary to achieve the purposes of the Corporation and to have and exercise all powers conferred by the laws of Florida upon a Corporation Not For Profit, formed under Florida Statute 617 and any acts amendatory thereto, and to do all other acts to the same extent as natural persons might or could do and to engage in all other activities as may be of mutual benefit to the members of the Corporation.

#### **ARTICLE III-LIMIATIONS**

TCSHP shall be a not-for-profit corporation and shall not be authorized to issue capital stock. No part of the net earnings of TCSHP, current or accumulated, shall inure to the benefit of any private individual, nor shall TCSHP be operated for the primary purpose of carrying on a trade or business for profit. TCSHP intends to avail itself of any and all tax benefits or exemptions to which it may be entitled under Section 501 of the Internal Revenue Code of 1954, and it shall not operate or engage in any activity nor shall it possess or exercise any power that would substantially risk the loss of such benefits under that Code.

#### **ARTICLE IV- DISSOLUTION**

Upon termination or dissolution of TCSHP, any assets that remain after payment or provision for payment of all of its liabilities, debts, and obligations shall be distributed by the Board of Directors only to one or more organized charitable, educational, scientific, or philanthropic organizations duly qualified as exempt under Section 501(c)(3) of the Internal Revenue Code of 1954 (or under such successor provision of the Internal Revenue Code as may be in effect at the time of termination or dissolution of TCSHP). Under no circumstances shall any assets be distributed to any member of TCSHP.

## **ARTICLE V- ELECTION OF OFFICERS**

The officers of the Society shall consist of the President, Immediate Past President, President-elect, Secretary and Treasurer. Officers shall be elected annually as provided in the By-laws and shall serve a term of one year, except for the office of Secretary and Treasurer which shall run for two consecutive years. The President-elect shall ascend successively as President and follow the Presidential term as Immediate Past-President. The Society currently does not elect Board of Directors (Directors). In the event TCSHP does elect Directors these individuals will be elected in the manner as the officers referenced above.

#### **ARTICLE VI- INITITAL OFFICERS**

The initial officers of the Corporation are:

Amber Hutchison, President 5955 Ridge Lake Circle Vero Beach, FL 32967

William Terneus, Immediate Past President 708 Bayfront Terrace Sebastian, FL 32958

Theresa Urban, Treasurer 840 Brookside Drive Indialantic, FL 32903

### **ARTICLE VII- REGISTERED AGENT**

The name and address of the Registered Agent:

Theresa Urban 840 Brookside Drive Indianlantic, FL 32903

#### **ARTICLE VIII- INCORPORATOR**

The name and address of the Incorporator:

Amber Hutchison 5955 Ridge Lake Circle Vero Beach, FL 32967

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Signature/Incorporator

lheresa Urbi

**Print Name** 

Print Name

1/21/

Date

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