

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000874

FILED  
Apr 05, 2012  
Secretary of State

**Entity Name:** TREASURE COAST SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC

**Current Principal Place of Business:**

1000 36TH STREET  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1313  
VERO BEACH, FL 329611313

**New Mailing Address:**

**FEI Number:** 20-2511701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

URBAN, THERESA  
840 BROOKSIDE DRIVE  
INDIANLANTIC, FL 32903 US

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

URBAN, THERESA  
840 BROOKSIDE DRIVE  
INDIALANTIC, FL 32903 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:

04/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TERNEUS, WILLIAM JR  
Address: 708 BAYFRONT TERRACE  
City-St-Zip: SEBASTIAN, FL 32958 US

Title: VP  
Name: URBAN, THERESA  
Address: 840 BROOKSIDE DRIVE  
City-St-Zip: INDIALANTIC, FL 32903 US

Title: T  
Name: KASTEN, KELLY  
Address: 1965 BRIDGEPOINTE CIR, UNIT 82  
City-St-Zip: VERO BEACH, FL 32967 US

Title: S  
Name: JESSICA, LAFOSSE  
Address: 2078 BRIG ST  
City-St-Zip: MELBOURNE, FL 32904 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: THERESA URBAN

VP

04/05/2012

Electronic Signature of Signing Officer or Director

Date