

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010075

FILED
May 01, 2012
Secretary of State

Entity Name: FLORIDA IMMUNIZING PHARMACISTS ASSOCIATION INC.

Current Principal Place of Business:

800 WEST AVENUE
SUITE # 205
MIAMI BEACH, FL 33139

New Principal Place of Business:

800 WEST AVENUE
SUITE 205
MIAMI BEACH, FL 33139

Current Mailing Address:

800 WEST AVENUE
SUITE # 205
MIAMI BEACH, FL 33139

New Mailing Address:

800 WEST AVENUE
SUITE 205
MIAMI BEACH, FL 33139

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRE, ADOLFO DR
800 WEST AVENUE
205
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

DR. ADOLFO TORRE, P.A.
800 WEST AVENUE
205
MIAMI BEACH, FL 33139 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: DR. A. TORRE, P.A.

05/01/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: TORRE, ADOLFO P.A.
Address: 800 WEST AVENUE #205
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP
Name: TORRES, ADOLFO
Address: 800 WEST AVENUE UNIT 205
City-St-Zip: MIAMI BEACH, FL 33139

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: DR. A. TORRE, P.A.

P

05/01/2012

Electronic Signature of Signing Officer or Director

Date