

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49557

FILED
May 01, 2012
Secretary of State

Entity Name: FLORIDA SOCIETY OF HOSPITAL PHARMACISTS RESEARCH AND EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

3375-E CAPITAL CIRCLE NE, SUITE 3
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

2910 KERRY FOREST PKWY, D4-376
TALLAHASSEE, FL 323096892

New Mailing Address:

FEI Number: 59-3150211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCQUONE, MICHAEL J
2304 KILLEARN CENTER BLVD
SUITE B
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

MCQUONE, MICHAEL J
2910 KERRY FOREST PKWY D4, STE 376
TALLAHASSEE, FL 32309 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: MICHAEL J. MCQUONE

05/01/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: M
Name: MCQUONE, MICHAEL J
Address: 2910 KERRY FOREST PKWY D4, STE 376
City-St-Zip: TALLAHASSEE, FL 32309

Title: P
Name: COLL, RENA
Address: 11101 NW 23RD COURT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D
Name: NINNO, MARK
Address: 2637 FALLBROOK DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: T
Name: BROWN, DEBORAH
Address: 3204 STONEBRIDGE TRAIL
City-St-Zip: VALRICO, FL 33996

Title: D
Name: EVANS, CARSTEN
Address: 891 S.W. 72 AVENUE
City-St-Zip: PLANTATION, FL 33317

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: MICHAEL MCQUONE

M

05/01/2012

Electronic Signature of Signing Officer or Director

Date