

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 11, 2010**  
**Secretary of State**

DOCUMENT# N93000000448

**Entity Name:** CENTRAL FLORIDA SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC.**Current Principal Place of Business:**2304-B KILLEARN CENTER BLVD  
TALLAHASSEE, FL 32308**New Principal Place of Business:****Current Mailing Address:**2304-B KILLEARN CENTER BLVD  
TALLAHASSEE, FL 32308**New Mailing Address:****FEI Number:** 59-3170704**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NINNO, MARK  
2637 FALLBROOK DRIVE  
OVIEDO, FL 32765 US**Name and Address of New Registered Agent:**BHAVSAR, ARTI  
520 RICHMOND STREET  
ORLANDO, FL 32806 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: ARTI BHAVSAR

11/11/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DOUGHERTY, JOHN  
Address: 2725 SOUTH BINION ROAD  
City-St-Zip: APOPKA, FL 32703

Title: TRES  
Name: BHAVSAR, ARTI  
Address: 520 RICHMOND STREET  
City-St-Zip: ORLANDO, FL 32806

Title: PRES  
Name: ROSE, RENEE  
Address: 2725 S BINION ROAD  
City-St-Zip: APOPKA, FL 32723

Title: SECR  
Name: LOUZON, PATRICIA  
Address: 3583 CONROY ROAD APT 1131  
City-St-Zip: ORLANDO, FL 32839

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 J. PHILBIN

TRES

11/11/2010

Electronic Signature of Signing Officer or Director

Date