

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Mar 15, 2012**  
**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:**P.O. BOX 561424  
ORLANDO, FL 32856**New Mailing Address:****FEI Number:** 59-3170704**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BHAVSAR, ARTI N  
520 RICHMOND STREET  
ORLANDO, FL 32806 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PP  
Name: DOUGHERTY, JOHN  
Address: 4901 VINELAND ROAD SUITE 200  
City-St-Zip: ORLANDO, FL 32811

Title: VP  
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: 4811 LAKE MILLY DRIVE  
City-St-Zip: ORLANDO, FL 32839

Title: TRES  
Name: MIKHAEL, MARK  
Address: 14617 CHLOE CT  
City-St-Zip: ORLANDO, FL 32826

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: ARTI BHAVSAR

VP

03/15/2012

Electronic Signature of Signing Officer or Director

Date