

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001973

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** BROWARD COUNTY PHARMACISTS ASSOCIATION, INC.

**Current Principal Place of Business:**

4909 ADAMS ST  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4909 ADAMS ST  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 65-0518409

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KATZ, ALAN  
4909 ADAMS ST  
HOLLYWOOD, FL 33021 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: DP ( ) Delete  
Name: PAPPY, ROSAMOND  
Address: 478 E. EVANSTON CIRCLE  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: DP ( ) Delete  
Name: PRESSMAN, STEVEN  
Address: 16728 NW 14TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DS ( ) Delete  
Name: SWEET, DANIEL T  
Address: PO BOX 612225 N/A  
City-St-Zip: NORTH MIAMI, FL 33261

Title: DT ( ) Delete  
Name: KATZ, ALAN  
Address: 4909 ADAMS ST  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALAN KATZ

DT

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date