

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N93000001973

**FILED**  
**Jan 04, 2011**  
**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:** ALAN KATZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** PAPPY, ROSAMOND  
**Address:** 478 E. EVANSTON CIRCLE  
**City-St-Zip:** FT. LAUDERDALE, FL 33312

**Title:** DP  
**Name:** LINDER, WAYNE  
**Address:** 1260 PEREGRINE WAY  
**City-St-Zip:** WESTON, FL 33327

**Title:** DS  
**Name:** LAKHANI, ANEESH  
**Address:** 760 TULIP CIRCLE  
**City-St-Zip:** WESTON, FL 33327

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

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:** ALAN KATZ

DT

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date