

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001973

FILED
Apr 03, 2012
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:

1932 WESTON RD
WESTON, FL 33021

Current Mailing Address:

4909 ADAMS ST
HOLLYWOOD, FL 33021

New Mailing Address:

1932 WESTON RD
WESTON, FL 33021

FEI Number: 65-0518409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, ALAN
4909 ADAMS ST
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

LINDER, WAYNE
1932 WESTON RD
WESTON, FL 33326 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: WAYNE LINDER

04/03/2012

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: WAYNE LINDER

DP

04/03/2012

Electronic Signature of Signing Officer or Director

Date