

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003135

FILED  
Jan 15, 2007  
Secretary of State

**Entity Name:** NORTHEAST FLORIDA SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC.

**Current Principal Place of Business:**

2304 KILLEARN CENTER BLVD., SUITE A  
TALLAHASSEE, FL 323083524

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 551139  
JACKSONVILLE, FL 32255

**New Mailing Address:**

PO BOX 551139  
JACKSONVILLE, FL 32255 US

**FEI Number:** 59-3440980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BETTMAN, GERALD S  
233 EAST BAY STREET  
1027 BLACKSTONE BLDG.  
JACKSONVILLE, FL 32202 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: TD ( ) Delete  
Name: PARNES, JOEL  
Address: 10211 SOUTHERN GLEN COURT  
City-St-Zip: JACKSONVILLE, FL 32256

Title: PE ( ) Delete  
Name: OFFUTT, JULIE  
Address: 2044 SEA HAWK CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P ( ) Delete  
Name: HALL, MIKE  
Address: 530 OAKMOUNT DR  
City-St-Zip: ORANGE PARK, FL 32073

Title: PPD ( ) Delete  
Name: BAMES, PATRICK  
Address: 11651 LOIS GRASS CT  
City-St-Zip: JACKSONVILLE, FL 32258

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

Title: PE (X) Change ( ) Addition  
Name: PARNES, JOEL  
Address: 10211 SOUTHERN GLEN COURT  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: TD (X) Change ( ) Addition  
Name: ROGAN, LISA  
Address: 4388 RIPKEN CIRCLE W  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: P (X) Change ( ) Addition  
Name: OFFUTT, JULIE  
Address: 2044 SEA HAWK CIRCLE  
City-St-Zip: PONTE VEDRA, FL 32082 US

Title: PPD (X) Change ( ) Addition  
Name: HALL, MICHAEL  
Address: 530 OAKMOUNT DR  
City-St-Zip: ORANGE PARK, FL 32073 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOEL PARNES

PE

01/15/2007

Electronic Signature of Signing Officer or Director

Date