

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003135

FILED
Jan 13, 2008
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 US

New Mailing Address:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PPD (X) Change () Addition
Name: OFFUTT, JULIE
Address: 14243 FISH EAGLE DRIVE E
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: PE (X) Change () Addition
Name: ROCKWELL, AMY
Address: 8291 DAMES POINT CROSSING BLVD APT 3206
City-St-Zip: JACKSONVILLE, FL 32277 US

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: LISA ROGAN

TD

01/13/2008

Electronic Signature of Signing Officer or Director

Date