2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003135

FILED Jan 09, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: 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: Name and Address of New Registered Agent:

BETTMAN, GERALD S

233 EAST BAY STREET

1027 BLACKSTONE BLDG.

JACKSONVILLE, FL 32202 US

WANYSHYN, NADIA
655 WEST 8TH STREET
DEPARTMENT OF PHARMACY
JACKSONVILLE, FL 32209 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

in the State of Florida.

SIGNATURE: NADIA IWANYSHYN 01/09/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PPD

Name: STAFFORD, LAUREN
Address: 1559 SUMMERDOWN WAY
City-St-Zip: ST. JOHNS, FL 32259 US

Title: TR

 Name:
 IWANYSHYN, NADIA

 Address:
 2909 DISCOVERY WAY

 City-St-Zip:
 JACKSONVILLE, FL 32224 US

Title: P

Name: BENEDICT, LAURA

Address: 10357 ARROW LAKES DR EAST City-St-Zip: JACKSONVILLE, FL 32257 US

Title: PE

 Name:
 DESIMONE, KATHRYN

 Address:
 655 WEST 8TH STREET

 City-St-Zip:
 JACKSONVILLE, FL 32209 US

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: NADIA IWANYSHYN TR 01/09/2011