

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 08, 2011
Secretary of State

DOCUMENT# N96000003135

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:**IWANYSHYN, NADIA
655 WEST 8TH STREET
DEPARTMENT OF PHARMACY
JACKSONVILLE, FL 32209 US**Name and Address of New Registered Agent:**JOHNSON, DONALD JR
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.

SIGNATURE: DONALD JOHNSON, JR

02/08/2011

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: JOHNSON, DONALD JR
Address: 4837 BLACKWOOD FOREST DR
City-St-Zip: JACKSONVILLE, FL 32257 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: DONALD JOHNSON, JR

TR

02/08/2011

Electronic Signature of Signing Officer or Director

Date