

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003135

FILED
Mar 17, 2012
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:

JOHNSON, DONALD JR
655 WEST 8TH STREET
DEPARTMENT OF PHARMACY
JACKSONVILLE, FL 32209 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: PPD
Name: BENEDICT, LAURA
Address: 10357 ARROW LAKES DR EAST
City-St-Zip: JACKSONVILLE, FL 32257 US

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

Title: P
Name: DESIMONE, KATHRYN
Address: 4520 ROCKY RIVER ROAD W
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: PE
Name: MALCOLM, KAREN
Address: 1828 SELVA GRANDE DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

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 W JOHNSON, JR.

TR

03/17/2012

Electronic Signature of Signing Officer or Director

Date