

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90066 031 ****61.25

DOCUMENT # N98000000111 1. Entity Name NORTH CENTRAL FLORIDA SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC.					
Principal Place of Business 2304 KILLEARN CENTER BOULEVARD SUITE A TALLAHASSEE, FL 32308-3524			Mailing Address POST OFFICE BOX 142134 GAINESVILLE, FL 32614		
2. Principal Place of Business 2304 Killearn Center Blvd. Suite, Apt. #, etc. Suite B City & State Tallahassee, FL Zip 32309 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
04042005 Chg-NP CR2E037 (10/03)				4. FEI Number 59-2943863	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BETTMAN, GERALD S 1027 BLACKSTONE BUILDING 233 EAST BAY STREET JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name White, Pamela A. Street Address (P.O. Box Number is Not Acceptable) 2304 Killearn Center Blvd. Ste B City Tallahassee FL Zip Code 32309		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Pamela A. White</u> <u>Pamela A. WHITE 4/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, PRIYESH 6833 SW 83RD TERR. GAINESVILLE, FL 32608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPP Patel, Priyesh 6833 SW 83rd Terr Gainesville, FL 32608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCPE FANN, AMY 9807 SW 87TH TERR. GAINESVILLE, FL 32608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	F Fann, Amy 3639 SW 197th Way Gainesville, FL 32608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILLIS, CAROL 9041 NW 59TH AVE. GAINESVILLE, FL 32653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Gillis, Carol 4222 NW 73rd Terr Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPP LEWIS, JAMES 4010 NW 34TH DR GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCPE Gillis, Mark Stephen 4222 NW 73rd Terr Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARBILAS, BILL 2922 NW 33TH ST. GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATTON, RANDY 3924 SW 102ND WAY GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Carol A.T. Gillis</u> <u>4-5-05</u> <u>(352) 379-2918</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					