

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000111

FILED
Aug 29, 2006
Secretary of State

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

Current Principal Place of Business:

2304 KILLEARN CENTER BOULEVARD
SUITE B
TALLAHASSEE, FL 323083524

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 142134
GAINESVILLE, FL 32614

New Mailing Address:

FEI Number: 59-2943863 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WHITE, PAMELA A.
2304 KILLEARN CENTER BLVD., STE. B
TALLAHASSEE, FL 32309 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATEL, PRIYESH
Address: 6833 SW 83RD TERR.
City-St-Zip: GAINESVILLE, FL 32608

Title: P () Delete
Name: FANN, AMY
Address: 9807 SW 87TH TERR.
City-St-Zip: GAINESVILLE, FL 32608

Title: T () Delete
Name: GILLIS, CAROL
Address: 4222 NW 73RD TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: PCPE () Delete
Name: GILLIS, MARK STEPHEN
Address: 4222 NW 73RD TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: HARBILAS, BILL
Address: 2922 NW 38TH ST.
City-St-Zip: GAINESVILLE, FL 32606

Title: D (X) Delete
Name: HATTON, RANDY
Address: 3924 SW 102ND WAY
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GILLIS, MARK S
Address: 4222 NW 73RD TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D (X) Change () Addition
Name: ROSENBERG, AMY
Address: 3639 SW 97TH WAY
City-St-Zip: GAINESVILLE, FL 32608

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

Title: PCPE (X) Change () Addition
Name: VOGEL, KATHERINE
Address: 3745 NW 64TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: S (X) Change () Addition
Name: WIGGINS, LAURA
Address: 6709 SW 84TH STREET
City-St-Zip: GAINESVILLE, FL 32608

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL GILLIS

T

08/29/2006

Electronic Signature of Signing Officer or Director

Date