

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000111

FILED  
Apr 28, 2011  
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:**

5745 SW 75TH ST  
255  
GAINESVILLE, FL 32608

**New Mailing Address:**

**FEI Number:** 59-2942863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITE, PAMELA A.  
2304 KILLEARN CENTER BLVD., STE. B  
TALLAHASSEE, FL 32309 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: PCPE  
Name: ANTIGUA, ABIGAIL  
Address: 715 NW 22ND AVE  
City-St-Zip: GAINESVILLE, FL 32609 US

Title: D  
Name: HARBILAS, WILLIAM (BILL)  
Address: 2922 NW 38TH STREET  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: P  
Name: TAYLOR, LISA  
Address: 4700 SW ARCHER ROAD, #E-39  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: PP  
Name: LOUZON, PAIGE  
Address: 8177 SW 73RD LANE  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: T  
Name: WIGGINS, LAURA  
Address: 6709 SW 84TH STREET  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: S  
Name: CHAMBLISS, SHANNA  
Address: 2344 NW 147TH STREET  
City-St-Zip: NEWBERRY, FL 32669 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: LAURA E. WIGGINS

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04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date