

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000111

FILED
Mar 20, 2012
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:

2910 KERRY FOREST PARKWAY D4
SUITE 376
TALLAHASSEE, FL 32309

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:

WHITE, PAMELA A.
2910 KERRY FOREST PARKWAY D4
SUITE 376
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:

03/20/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: S
Name: MCCABE, TARA
Address: 5333 SW 75TH STREET, APT Q94
City-St-Zip: GAINESVILLE, FL 32608 US

Title: T
Name: WALDFOGEL, JULIE
Address: 3521 SW 30TH WAY #106
City-St-Zip: GAINESVILLE, FL 32608 US

Title: PE
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: JULIE WALDFOGEL

T

03/20/2012

Electronic Signature of Signing Officer or Director

Date