2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2012
Secretary of State

DOCUMENT# N98000000229

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

Current Principal Place of Business:

1560 NW 15TH TER.
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

1560 NW 15TH TER.
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 59-0236115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLAKE, JAY B DR.
1560 NW 15TH. TER.
HOMESTEAD, FL 33030 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: P
Name: KELLY, GLORIA DR.
Address: 7742 SW 184TH LN
City-St-Zip: MIAMI, FL 33157

Title: T
Name: CHRISTIAN, JANELLE D DR.
Address: 8960 W. FLAGLER ST. APT. 2
City-St-Zip: MIAMI, FL 33174

Title: S
Name: BLAKE, JAY DR.
Address: 1560 NW 15TH. TER.
City-St-Zip: HOMESTEAD, FL 33030

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: JAY B BLAKE DR 05/16/2012
Electronic Signature of Signing Officer or Director Date