

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005714

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA PHARMACY ASSOCIATION CORP.

**Current Principal Place of Business:**

244 WOOD LAKE DRIVE  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

1058 NEELY ST  
OVEIDO, FL 32765 US

**Current Mailing Address:**

PO BOX 941004  
MAITLAND, FL 327941004 US

**New Mailing Address:**

1058 NEELY ST  
OVEIDO, FL 32765 US

**FEI Number:** 59-3601615

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22ND STREET  
4TH FLOOR  
MIAMI, FL 33145 US

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

CORREA, RAUL  
1058 NEELY ST  
OVEIDO, FL 32765 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: RAUL CORREA

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CORREA, RAUL  
Address: 1058 NEELY ST.  
City-St-Zip: OVIEDO, FL 32765 US

Title: TREA  
Name: WEADER, BETTY J  
Address: 406 S. RANGER BLVD  
City-St-Zip: WINTER PARK, FL 32792

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: BETTY J WEADER

TREA

02/17/2011

Electronic Signature of Signing Officer or Director

Date