

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000114470

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA INDEPENDENT PHARMACY FEDERATION, INC.

**Current Principal Place of Business:**

1400 VILLAGE SQUARE BLVD  
#3-200  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

1349 OLD VILLAGE ROAD  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

POWERS, JAMES B  
1349 OLD VILLAGE ROAD  
TALLAHASSEE, FL 32312 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: D  
Name: FRANCK, PAUL  
Address: 1210 SW 33RD AVENUE  
City-St-Zip: OCALA, FL 34474

Title: D  
Name: NELSON, STEVE  
Address: 203 SW PARK STREET  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D  
Name: PARAMORE, SCOTT  
Address: 4314 5TH AVENUE  
City-St-Zip: MARIANNA, FL 32446

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** PAUL FRANCK

D

01/18/2011

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

\_\_\_\_\_  
Date