

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010920

Entity Name: FLORIDA ASSOCIATION OF CONSULTANT PHARMACISTS, INC.**FILED**
Jan 22, 2013
Secretary of State
CC4588472238**Current Principal Place of Business:**1564 LEE AVENUE
TALLAHASSEE
TALLAHASSEE, FL 32303**Current Mailing Address:**1564 LEE AVENUE
TALLAHASSEE
TALLAHASSEE, FL 32303 US**FEI Number: 27-1518923****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KILE, BRADLEY D
1564 LEE AVENUE
TALLAHASSEE
TALLAHASSEE, FL 32303 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title D
Name KILE, BRADLEY D
Address 1564 LEE AVENUE
City-State-Zip: TALLAHASSEE FL 32303Title D
Name GOLDSTEIN, ERIC
Address 9803 GINERWOOD DRIVE
City-State-Zip: TAMPA FL 33626Title D
Name TEAL, STEVEN
Address 17951 DANGLER ROAD
City-State-Zip: WINTER GARDEN FL 34787Title D
Name LITTLE, MARTHA
Address 4689 CARLTON GOLF DRIVE
City-State-Zip: LAKE WORTH FL 33467Title D
Name DALLMAN, JANET
Address 6106 55TH TERRACE EAST
City-State-Zip: BRADENTON FL 34203Title D
Name STARNES, LISA
Address 3522 VELDA WOODS DRIVE
City-State-Zip: TALLAHASSEE FL 32828

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: BRADLEY KILE**EXECUTIVE DIRECTOR****01/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date