2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2024
Secretary of State
5181476242CC

DOCUMENT# N09000011013

Entity Name: SUNCOAST REGIONAL SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC.

Current Principal Place of Business:

1700 S. TAMIAMI TRAIL
PHARMACY
SARASOTA, FL 34239

Current Mailing Address:

1700 S. TAMIAMI TRAIL
PHARMACY
SARASOTA, FL 34239 US

FEI Number: 20-2819805

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHOMO, EILEEN
1700 S. TAMIAMI TRAIL
PHARMACY
SARASOTA, FL 34239 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: EILEEN SHOMO 02/02/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY
Name	VAN CURA, JENNIFER
Address	8330 LAKEWOOD RANCH BLVD PHARMACY
City-State-Zip:	LAKEWOOD RANCH FL 34202

Title	OTHER, LEGISLATIVE LIAISON
Name	JOLLY, DONNA
Address	5955 RAND BLVD
City-State-Zip:	SARASOTA FL 34238

Title	PRESIDENT
Name	FAILE, MARTIN
Address	2600 LAUREL RD E
City-State-Zip:	NORTH VENICE FL 34275

Title	TREASURER
Name	SHOMO, EILEEN
Address	1700 S. TAMIAMI TRAIL PHARMACY
City-State-Zip:	SARASOTA FL 34239

Title	PAST PRESIDENT
Name	PRENOSIL, SANDRA
Address	2600 LAUREL RD E PHARMACY
City-State-Zip:	NORTH VENICE FL 34275

Title	PRESIDENT-ELECT
Name	BEACHY, ASHLEIGH
Address	2600 LAUREL RD E
City-State-Zip:	NORTH VENICE FL 34275

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: EILEEN SHOMO TREASURER 02/02/2024

Electronic Signature of Signing Officer/Director Detail — Date