

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011013

Entity Name: SUNCOAST REGIONAL SOCIETY OF HEALTH-SYSTEM
PHARMACISTS, INC.**FILED**
Jul 21, 2020
Secretary of State
5166114943CC**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:**GIOVINO, AMARILIS
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:** AMARILIS GIOVINO**07/21/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	ELIZABETH, FAVILLE
Address	1700 S. TAMIAMI TRAIL PHARMACY
City-State-Zip:	SARASOTA FL 34239

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

Title	PRESIDENT ELECT
Name	PARKER, KIRSTEN
Address	206 2ND ST E MMH - PHARMACY
City-State-Zip:	BRADENTON FL 34208

Title	PRESIDENT
Name	GIOVINO, AMARILIS
Address	1700 S. TAMIAMI TRAIL PHARMACY
City-State-Zip:	SARASOTA FL 34239

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: AMARILIS GIOVINO**PRESIDENT****07/21/2020**

Electronic Signature of Signing Officer/Director Detail

Date