

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

1995



DOCUMENT # 702959

(8)

CAPITAL MEDICAL SOCIETY, INCORPORATED

7/13
RECEIVED
JUL 12 1995
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

1204 MICCOSUKEE ROAD
TALLAHASSEE FL 32308

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TALLAHASSEE FL 32308

3. Date of Incorporation	10/02/1961	3a. Date of Last Report	01/31/1994
4. Filing Number	23-7026264	Applied For	Not Applicable
5. Certificate of Status (Required)		\$8.75 Additional Fee Required	
6. Tax for Corporation Income Tax (Required)		\$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status		\$68.75 Supplemental Fee Not Required	
8. This corporation has not been authorized by the Florida Department of Banking Regulation to do business in the State of Florida.			

2. Name of Corporation	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

HILL, MOLLIE H.
2110 EAST RANDOLPH CIRCLE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81. Name	
82. Address	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the statement of the corporation for the purpose of filing the same with the Department of Banking Regulation, Tallahassee, Florida, and that the same is a true and correct copy of the statement of the corporation for the purpose of filing the same with the Department of Banking Regulation, Tallahassee, Florida.

12. Name	VD HEMPEL, KARL F. 1511 SURGEONS DRIVE #A TALLAHASSEE, FL 00000	13. Name	PD
14. Name	STD LITTLES, ALMA B. 21 NORTH LOVE ST QUINCY FL	15. Name	VD
16. Name	PD MABRY, RALPH JAMES 1632 RIGGINS ROAD TALLAHASSEE FL	17. Name	D KENT, ANDREA B. 1330 MICCOSUKEE ROAD TALLAHASSEE, FL 32308
18. Name	D POTTS, WILLIAM E. 1207 HODGES DRIVE TALLAHASSEE, FL 00000	19. Name	STD
20. Name	D WEAVER, ANTHONY ALLEN 2819 CAPITAL MEDICAL BLVD. TALLAHASSEE FL	21. Name	D WILLIAMS, BARBARA A. 1160 APALACHEE PARKWAY TALLAHASSEE, FL 32301
22. Name	D SUKSTORF, STEVEN JOHN 1623 MEDICAL DRIVE TALLAHASSEE FL	23. Name	

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the statement of the corporation for the purpose of filing the same with the Department of Banking Regulation, Tallahassee, Florida, and that the same is a true and correct copy of the statement of the corporation for the purpose of filing the same with the Department of Banking Regulation, Tallahassee, Florida.

SIGNATURE:

Karl Hempel

KARL HEMPEL

4-27-95

(904)878-6134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR