

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 702959 (8)

1. Corporation Name  
**CAPITAL MEDICAL SOCIETY, INCORPORATED**



Principal Place of Business: 1204 MICCOSUKEE ROAD TALLAHASSEE FL 32308  
Mailing Address: 1204 MICCOSUKEE ROAD TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: 10/02/1961  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 23-7026264  
Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HEMPEL, KARL F.	
STREET ADDRESS	1511 SURGEONS DRIVE #A	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LITTLES, ALMA B.	
STREET ADDRESS	21 NORTH LOVE ST	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENT, ANDREA B	
STREET ADDRESS	1330 MICCOSUKEE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	POTTS, WILLIAM E.	
STREET ADDRESS	1207 HODGES DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEAVER, ANTHONY ALLEN	
STREET ADDRESS	2819 CAPITAL MEDICAL BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, BARBARA A	
STREET ADDRESS	1160 APALACHEE PKWY	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	SAINT, DAVID L	
13 STREET ADDRESS	1401 CENTERVILLE ROAD #508	
14 CITY-ST-ZIP	TALLAHASSEE FL	
21 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed for on an attachment with an address.

SIGNATURE: *William E Potts* **WILLIAM E POTTS** 4/10/96 (904) 877-9018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E037 (12/95)