

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # 702959 (8)

1. Corporation Name

CAPITAL MEDICAL SOCIETY, INCORPORATED

Principal Place of Business

Mailing Address

1204 MICCOSUKEE ROAD
TALLAHASSEE FL 32308

1204 MICCOSUKEE ROAD
TALLAHASSEE FL 32308-5076

3. Date Incorporated or Qualified
10/02/1961

3a. Date of Last Report
04/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
23-7026264

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE
NAME SAINT, DAVID L.
STREET ADDRESS 1401 CENTERVILLE ROAD #508
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE PD ☒ DELETE
NAME LITTLES, ALMA B.
STREET ADDRESS 21 NORTH LOVE ST
CITY-ST-ZIP QUINCY FL

TITLE D ☐ DELETE
NAME KENT, ANDREA B
STREET ADDRESS 1330 MICCOSUKEE ROAD
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD ☐ DELETE
NAME POTTS, WILLIAM E.
STREET ADDRESS 1207 HODGES DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE D ☐ DELETE
NAME WEAVER, ANTHONY ALLEN
STREET ADDRESS 2819 CAPITAL MEDICAL BLVD.
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE
NAME WILLIAMS, BARBARA A
STREET ADDRESS 1180 APALACHEE PKWY
CITY-ST-ZIP TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Gredler, Frank E
2.3 STREET ADDRESS 1401 Centerville Rd #800
2.4 CITY-ST-ZIP Tallahassee FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE STD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-97

(904) 309-0500

Date

Daytime Phone # 0007608

CR2E037 (9/96)