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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702959

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/02/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7026264
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE	SAINT, DAVID L. 1401 CENTERVILLE ROAD #508 TALLAHASSEE, FL 00000	1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Sellinger, Scott 2000 Centre Point Blvd Tallahassee FL
TITLE D <input type="checkbox"/> DELETE	GREDLER, FRANK E 1401 CENTERVILLE RD., #800 TALLAHASSEE FL	2.1 TITLE	
TITLE TD <input type="checkbox"/> DELETE	KENT, ANDREA B 1330 MICCOSUKEE ROAD TALLAHASSEE FL	2.2 NAME	
TITLE D <input type="checkbox"/> DELETE	RANDALL, JORDAN J 1405 CENTERVILLE RD 5400 TALLAHASSEE FL	2.3 STREET ADDRESS	2406 E Plaza Drive
TITLE VD <input type="checkbox"/> DELETE	WEAVER, ANTHONY ALLEN 2819 CAPITAL MEDICAL BLVD. TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	WILLIAMS, BARBARA A 1160 APALACHEE PKWY TALLAHASSEE FL	3.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/29/99

850-811-7381

CR2E037 (11/98)