2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702959

1. Entity Name

CAPITAL MEDICAL SOCIETY, INCORPORATED

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90059 003 ****61.25

Principal Place of Business	Mailing Address
1204 MICCOSUKEE ROAD TALLAHASSEE FL 32308	1204 MICCOSUKEE ROAD TALLAHASSEE FLA 32308-5076

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7026264 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HILL, MOLLIE H. 2110 EAST RANDOLPH CIRCLE TALLAHASSEE FL 32312	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SELLINGER, SCOTT 2000 CENTRE POINT BVLD TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREDLER, FRANK E 1401 CENTERVILLE RD., #800 TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KENT, ANDREA B 2406 E..PLAZA DRIVE TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD RANDALL, JORDAN J 1405 CENTERVILLE RD 5400 TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEAVER, ANTHONY ALLEN 2819 CAPITAL MEDICAL BLVD. TALLAHASSEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, BARBARA A 1160 APALACHEE PKWY TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD TOM HICKS 3258 N MONROE TALLAHASS FL	☐ Change ☒ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Andrea B Kent 5/01/00 877-7387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #