

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90124 023 ****61.25

DOCUMENT # 702959

1. Entity Name

CAPITAL MEDICAL SOCIETY, INCORPORATED

Principal Place of Business

Mailing Address

**1204 MICCOSUKEE ROAD
 TALLAHASSEE FL 32308**

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 TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7026264

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WENDLAND, KAREN
 1204 MICCOSUKEE RD
 TALLAHASSEE FL 32308**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	Delete <input type="checkbox"/>
NAME	JORDAN, RANDY	
STREET ADDRESS	1405 CENTERVILLE RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PE PRESIDENT	Delete <input type="checkbox"/>
NAME	HICKS, TOM	
STREET ADDRESS	3258 N. MONROE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	ST VICE PRESIDENT	Delete <input type="checkbox"/>
NAME	SELLINGER, SCOTT	
STREET ADDRESS	2000 CENTRE POINT BLVD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	Delete <input type="checkbox"/>
NAME	DOLL, AVON	
STREET ADDRESS	1809 PHYSICIANS DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	Delete <input checked="" type="checkbox"/>
NAME	GREDLER, FRANK	
STREET ADDRESS	1401 CENTERVILLE RD #800	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	Delete <input type="checkbox"/>
NAME	KEPPER, WILLIAM	
STREET ADDRESS	1885 PROFESSIONAL PARK CR #30	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	Secretary / Treasurer	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Stewart, Dave	
STREET ADDRESS	2528 Noble Dr.	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Thomas Hicks*
Thomas Hicks
PRESIDENT

2/8/02 850-877-9018

CR2E037 (9/01)