


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90030 036 ****61.25

DOCUMENT # 702959			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 23-7026264		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, JOHN 2100 CENTERVILLE RD STE D TALLAHASSEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, TOM 3258 N MONRO TALLAHASSEE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Cox, Marilyn 3842 E. Millers Bridge Rd. Tallahassee, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLINGER, SCOTT 2000 CENTRE POINT BLVD TALLAHASSEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLL, AVON 1609 PHYSICIANS DR TALLAHASSEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, DAVE 2528 NOBEL DR TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEPPER, WILLIAM 1885 PROFESSIONAL PARK CR #30 TALLAHASSEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Karen Wendland</i>		<i>3/11/04</i> 850-877-9018	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Executive Director</i>		Date <i>Marilyn Cox</i> Daytime Phone # <i>TREASURER</i>	

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