

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90224 021 \*\*\*\*61.25

**50020080**



1st MOORE CR2E037 (10/04)

<b>DOCUMENT # 702959</b>					
1. Entity Name <b>CAPITAL MEDICAL SOCIETY, INCORPORATED</b>					
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 <b>23-7026264</b>	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent  <b>WENDLAND, KAREN 1204 MICCOSUKEE RD TALLAHASSEE FL 32308</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code <b>FL</b>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW - FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAILEY, JOHN		NAME		
STREET ADDRESS	2100 CENTERVILLE RD STE D		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COX, MARILYN		NAME		
STREET ADDRESS	3842 E MILLERS BRIDGE RD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SELLINGER, SCOTT		NAME	Sec / TREAS	
STREET ADDRESS	2000 CENTRE POINT BLVD		STREET ADDRESS	Albright, Greg	
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP	2225 Armistead Road	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Tallahassee, FL 32312	
NAME	DOLL, AVON		NAME		
STREET ADDRESS	1609 PHYSICIANS DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change
NAME	STEWART, DAVE		NAME		
STREET ADDRESS	2528 NOBEL DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change
NAME	KEPPER, WILLIAM		NAME		
STREET ADDRESS	1885 PROFESSIONAL PARK CR #30		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		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: <i>William Kepper, Director</i>		Date: <i>2/22/05</i>		Daytime Phone #: <i>850-877-9018</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					