

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702959

FILED  
Jan 30, 2007  
Secretary of State

Entity Name: CAPITAL MEDICAL SOCIETY, INCORPORATED

**Current Principal Place of Business:**

1204 MICCOSUKEE ROAD  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1204 MICCOSUKEE ROAD  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 23-7026264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WENDLAND, KAREN  
1204 MICCOSUKEE RD  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BAILEY, JOHN  
Address: 2100 CENTERVILLE RD STE D  
City-St-Zip: TALLAHASSEE, FL

Title: P ( ) Delete  
Name: COX, MARILYN  
Address: 3842 E MILLERS BRIDGE RD.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: PE ( ) Delete  
Name: ALBRIGHT, GREG  
Address: 2225 ARMSTEAD RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: FORD, JERRY  
Address: 1743 ARMISTEAD PLACE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: STEWART, DAVE  
Address: 2528 NOBEL DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ST ( ) Delete  
Name: RODRIGUEZ, ABDRES  
Address: 4994 KEOHONE DR  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ST (X) Change ( ) Addition  
Name: JERNIGAN, LISA MD  
Address: 1301 HODGES DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Change ( ) Addition  
Name: COX, MARILYN MD  
Address: 3842 E MILLERS BRIDGE RD.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: P (X) Change ( ) Addition  
Name: ALBRIGHT, GREG MD  
Address: 2225 ARMSTEAD RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D (X) Change ( ) Addition  
Name: FORD, JERRY MD  
Address: 1743 ARMISTEAD PLACE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D (X) Change ( ) Addition  
Name: HELLGREN, TRACEY MD  
Address: 1160 APALACHEE PARKWAY  
City-St-Zip: TALLAHASSEE, FL 32301

Title: PE (X) Change ( ) Addition  
Name: RODRIGUEZ, ABDRES MD  
Address: 4994 KEOHONE DR  
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG ALBRIGHT

P

01/30/2007

Electronic Signature of Signing Officer or Director

Date