

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702959

FILED
May 19, 2008
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BELLAMY, DAVID MD
Address: 4739 HEDGEWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (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 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: KAREN WENDLAND

ED

05/19/2008

Electronic Signature of Signing Officer or Director

_____ Date