

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702959

FILED
Mar 22, 2010
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
Name: JERNIGAN, LISA MD
Address: 1301 HODGES DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: BELLAMY, DAVID MD
Address: 4739 HEDGEWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D
Name: CURRIEO, STEVEN MD
Address: 6982 GRENVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: P
Name: FORD, JERRY MD
Address: 1743 ARMISTEAD PLACE
City-St-Zip: TALLAHASSEE, FL 32312

Title: PE
Name: HELLGREN, TRACEY MD
Address: 1160 APALACHEE PARKWAY
City-St-Zip: TALLAHASSEE, FL 32301

Title: ST
Name: VANLANDINGHAM, HUGH MD
Address: 3070 ST. ANDREWS WAY
City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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 all other like empowered.

SIGNATURE: KAREN WENDLAND

ED

03/22/2010

Electronic Signature of Signing Officer or Director

Date