2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State
02-11-2003 90081 013 ****61.25

DOCUMENT # 702959

1. Entity Name
CAPITAL MEDICAL SOCIETY, INCORPORATED

Principal Place of Business	Mailing Address
1204 MICCOSUKEE ROAD TALLAHASSEE FL 32308	1204 MICCOSUKEE ROAD TALLAHASSEE FL 32308

☐ CHECK HERE IF MAKING CHANGES

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 ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JORDAN, RANDY 1405 CENTERVILLE RD TALLAHASSEE FL	☒ Delete	D John Bailey 2100 Centerville Rd., Ste D Tallahassee FL 32308	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HICKS, TOM 3258 N MONRO TALLAHASSEE FL	☐ Delete	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SELLINGER, SCOTT 2000 CENTRE POINT BLVD TALLAHASSEE FL	☐ Delete	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOLL, AVON 1609 PHYSICIANS DR TALLAHASSEE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST STEWART, DAVE 2528 NOBEL DR TALLAHASSEE FL 32308	☐ Delete	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEPPER, WILLIAM 1885 PROFESSIONAL PARK CR #30 TALLAHASSEE FL	☐ Delete	ST	☒ Change ☐ Addition

CR2E037 (10/02)

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: William D Kepper MD 850.877/9018
NAME & TITLE OF PERSON TO SIGN AS OFFICER OR DIRECTOR — Date — Daytime Phone #