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NONPROFIT CORPORATION ANNUAL REPORT



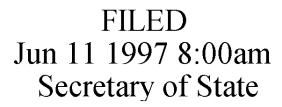
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # 757892

(5)

CAPITAL MEDICAL SOCIETY FOUNDATION, INC.





| Principal Place of Business Mailing Address | | | | | | 4 500155 48800 05110 10001 10110 10110 1 | 01 6 1016 01011 | | 613 S1011 (001 |
|---|---|--------------------------|---|-----------|---|---|------------------------|--------------------------|---------------------|
| 1204 MICCOSUK TALLAHASSEE F | | | 1204 MICCOSUKEE ROAD TALLAHASSEE FL 32308-5076 | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 04/29/1981 | 3a. Dat | te of Last F 4/02/199 | Report 96 |
| 2. Principal Pi | ace of Business | 2a. Mailing Address | | | 4. FEI Number Applied For Not Applied For | | | | |
| 21 | | 26 | | | | , iot depress | | | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional equired |
| City & State | | City & State | | | | 6 Floatice Compaign Financing | | | ····· |
| 23 | • | 28 | | | | 6. Election Campaign Financing Trust Fund Contribution | | 7 | May Be to Fees |
| Zip | Country | Zip | Cou | intry | | 8. This corporation has liability for | intangible t | | |
| 24 | 26 | 29 | 30 | | | Florida Statutes | Yes 🛚 |] No | |
| | 9. Name and Address of Current | t Registered Agent | | | | 10. Name and Address of New Re | gistered A | .gent | |
| | | | | 81 | Name | | | | |
| HILL, MOLLIE, H. | | | | | Street A | Address (P.O. Box Number is Not Acceptal | ole) | | |
| 1204 MICCOSUKEE ROAD | | | | | | | • | | |
| TALLAHA | | | 83 | | | | | | |
| | | | | 84 | City | | FL | 85 Zip | Code |
| aa Billioono en | to the available of October 043 0500 | and 617 4500 Florida 644 | | | nomer | corporation pulpoits this statement for the | | abanaias i | to rogictors |
| SIGNATURE | | | | | | corporation submits this statement for the poration's board of directors. I hereby acce | | intment as | registered |
| | Signature, typed or printed name of registered ager | | | d Ager | nt signature | required when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE NEDO AND | DIRECTO | DC (N) 10 |
| 12. | OFFICERS AND | DELETE | 13. 1.1 TI | TI F | | ADDITIONS/CHANGES TO OFFIC | PENS AIND | Change | Addition |
| NAME | WASSON, KENNETH R. | | 1.2 N | | 1 | | | | |
| STREET ADDRESS | 1401 CENTERVILLE RD. #2 | | | | ADDRESS | | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | | | r-ZIP | | | | |
| TITLE | PD DELETE | | 2.1 10 | | | | | ☐ Change | Addition |
| NAME | SHEEDY, J. BRIAN, MD | | 2.2 N | AME | | | | - | |
| STREET ADDRESS | 1632 RIGGINS RD. | | | | ADDRESS | | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | | ITY-S | 1 | | | | |
| TITLE | VD | | | 4 1 5 7 5 | | VD | | X Change | Addition |
| NAME | WOOD, THOMAS | | 3.2 N | AME | | WOOD, THOMAS | | | |
| STREET ADDRESS | 1304 HODGES DRIVE | | 3.3 \$ | TREET. | ADDRESS | 1899 EIDER COURT | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 3.4. 0 | ITY-S | T-ZIP | TALLAHASSEE FL | | | |
| TITLE | | ☐ DELETE | 4.1 10 | TLE | | | | ☐ Change | ■ Addition |
| NAME | | | 4. 2 N | AME | | | | | |
| STREET ADDRESS | | | 4.3 S | TREET. | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CI | TY - \$1 | I - ZIP | | | | — |
| TITLE | | DELETE | 5.1 10 | TL€ | | | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 N | AME | | | | | |
| STREET ADDRESS | | | 5.3 \$ | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | | F Policy is | | TY-S | - ZIP | | | | |
| TITLE | | DELETE | 6.1 Ti | | | | | Change | ☐ Addition |
| NAME | | | 6.2 N | | | | | | |
| STREET ADDRESS | | | 6.3 \$ | TREET. | address | | | | |
| CITY-ST-ZIP | | 1 | 6.4 CI | TY - S1 | | total in Contine 110 07/9\/i) Floride Statute | n 164L - | onstif . 45 | the |
| | | | | | | | | | |

I do needy define that information supplied with this filling does not quality in the exemption stated in 18-07(5)(f), frioridate and statutes 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 12 or Block 13 if planged, or on an attachment with an address.