


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

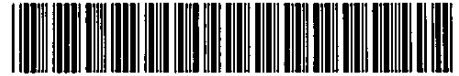
02-23-2005 90080 044 \*\*\*\*61.25

<b>DOCUMENT # 757892</b>	
1. Entity Name <b>CAPITAL MEDICAL SOCIETY FOUNDATION, INC.</b>	

Principal Place of Business <b>1204 MICCOSUKEE ROAD TALLAHASSEE FL 32308</b>	Mailing Address <b>1204 MICCOSUKEE ROAD TALLAHASSEE FL 32308</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2104510</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>WENDLAND, KAREN 1204 MICCOSUKEE ROAD TALLAHASSEE FL 32308</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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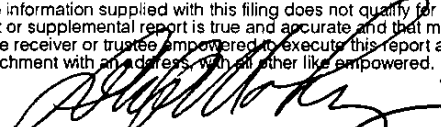
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WASSON, KENNETH R.</b> <b>1401 CENTERVILLE RD. #2</b> <b>TALLAHASSEE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>133 Oak St, #19</b> <b>Tallahassee, FL 32308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHEEDY, J. BRIAN, MD</b> <b>1632 RIGGINS RD.</b> <b>TALLAHASSEE FL 32308</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Secretary/TREAS</b> <b>Williams Barbara</b> <b>2191 Miller Landing Rd.</b> <b>Tallahassee FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WOODS, THOMAS</b> <b>1899 EIDER COURT</b> <b>TALLAHASSEE FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP</b> <b>McCully, AL</b> <b>730 Live Oak Plantation</b> <b>Tallahassee, FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEWART, DAVE</b> <b>2528 NOBLE DR</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MAHONEY, JOHN</b> <b>2920 IVANHOE ROAD</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PRESIDENT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KEPPER, WILLIAM</b> <b>1885 PROFESSIONAL PARK CIRCLE, #30</b> <b>TALLAHASSEE FL 32308</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **John Mahoney**  
**PRES.** **2/18/05** Date **850-877-9018** Daytime Phone #