

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001517

1. Entity Name

CAPITAL MEDICAL SOCIETY ALLIANCE, INC.

FILED

Feb 28, 2000 8:00 am  
Secretary of State

02-28-2000 90191 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1204 MICCOUSUKEE ROAD  
TALLAHASSEE FL 32308

1204 MICCOUSUKEE ROAD  
TALLAHASSEE FL 32308-5076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3387057

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HILL, MOLLIE  
1204 MICCOUSUKEE ROAD  
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME CUFFE, MARIA  
STREET ADDRESS 3301 CHARESTON RD  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE PD ☒ Change ☐ Addition  
NAME MCKINNEY, EISA  
STREET ADDRESS 5950 MILLER LANDING Rd  
CITY-ST-ZIP Tallahassee, FL 32312

TITLE VD ☐ Delete  
NAME MCKINNEY, ELSA  
STREET ADDRESS 5950 MILLER LANDING COVE  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE VD ☒ Change ☐ Addition  
NAME BIRKIR, JILL  
STREET ADDRESS 421 MERIDIAN PLACE  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE VD ☐ Delete  
NAME MAURO, DIANE  
STREET ADDRESS 3050 O'BRIEN DR  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VD ☒ Change ☐ Addition  
NAME KAEIN, RITA  
STREET ADDRESS 3304 Charleston Rd  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE SD ☐ Delete  
NAME KAEIN, RITA  
STREET ADDRESS 3304 CHARLESTON RD  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE SD ☒ Change ☐ Addition  
NAME ROLLE, KATRINA  
STREET ADDRESS 4054 KILMARTIN DR  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE TD ☐ Delete  
NAME HENRY, CAROLYN  
STREET ADDRESS 3046 O'BRIEN DR  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE TD ☒ Change ☐ Addition  
NAME ARTHUR, PAM  
STREET ADDRESS 3098 SHAMROCK N  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE TD ☐ Delete  
NAME ARTHUR, PAM  
STREET ADDRESS 3098 SHAMROCK NORTH  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE TD ☒ Change ☐ Addition  
NAME WEAVER, TANYA  
STREET ADDRESS 3726 DAGGER WING CT.  
CITY-ST-ZIP TALLAHASSEE, FL 32308

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:

*(Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAM  
ARTHUR

2/10/00

561-5704

Date

Daytime Phone #

CR2E037 (9/99)