

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757892

FILED
Jan 14, 2009
Secretary of State

Entity Name: CAPITAL MEDICAL SOCIETY FOUNDATION, INC.

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: 59-2104510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENDLAND, KAREN
1204 MICCOSUKEE ROAD
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: T () Delete
Name: WASSON, KENNETH MD
Address: 133 OAK ST #19
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: WILLIAMS, BARBARA MD
Address: 2191 MILLER LANDING RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP () Delete
Name: MCCULLY, AL MD
Address: 730 LIVE OAK PLANTATION
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: HARPER, LARRY MD
Address: 1525 CHADWICK WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: P () Delete
Name: MAHONEY, JOHN MD
Address: 2920 IVANHOE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: BELLAMY, RAYMOND MD
Address: 203 RHODEN COVE RD.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAREN WENDLAND

ED

01/14/2009

Electronic Signature of Signing Officer or Director

Date