

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702959

Entity Name: CAPITAL MEDICAL SOCIETY, INCORPORATED**Current Principal Place of Business:**1204 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308**Current Mailing Address:**1204 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308 US**FEI Number:** 23-7026264**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**IRWIN, PAMELA
1204 MICCOSUKEE RD
TALLAHASSEE, FL 32308 US*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:** PAMELA WILSON

03/07/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name IRWIN, PAMELA
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title PAST PRESIDENT
Name PATEL, PARESH MD
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title MBR
Name SELL, BRENCE MD
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title MBR
Name ROSE, CIELO DO
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title PRESIDENT
Name KO, SARAH MD
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title MBR
Name KONDA, AMULYA MD
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title PRESIDENT ELECT
Name PAULSON, HELEN MD
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title MBR
Name ESTUPINAN, DANNY MD
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: SARAH KO

PRESIDENT

03/07/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MBR
Name TABA, KIANA MD
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title CMS ALLIANCE PRESIDENT
Name REDFEILD, HEATHER
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title SECRETARY/TREASURER
Name COLE, RUSSELL MD
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title MBR
Name PATEL, KAUSHAL
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title MBR
Name MEADE, JOHN MD
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title MBR
Name NAVA, JONATHAN MD
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title MBR
Name PANDIT, NARAJ MD
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308