

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757892

FILED
Jan 22, 2014
Secretary of State
CC2017445356

Entity Name: CAPITAL MEDICAL SOCIETY FOUNDATION, INC.

Current Principal Place of Business:

1204 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

Current Mailing Address:

1204 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

FEI Number: 59-2104510

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONTE, SUE ED
1204 MICCOSUKEE ROAD
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T
Name WASSON, KENNETH MD
Address 133 OAK ST #19
City-State-Zip: TALLAHASSEE FL 32308

Title S
Name WILLIAMS, BARBARA MD
Address 2191 MILLER LANDING RD
City-State-Zip: TALLAHASSEE FL 32312

Title VP
Name MCCULLY, AL MD
Address 730 LIVE OAK PLANTATION
City-State-Zip: TALLAHASSEE FL 32312

Title P
Name MAHONEY, JOHN MD
Address 2920 IVANHOE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name SHEEDY, J. BRIAN MD
Address 3081 SAWGRASS CIRCLE
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name PAREDES, ALFREDO MD
Address 2869 ROYAL ISLE DR
City-State-Zip: TALLAHASSEE FL 32312

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

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: SUE CONTE

EXECUTIVE DIRECTOR

01/22/2014

Electronic Signature of Signing Officer/Director Detail

Date