

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757892

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 US

FEI Number: 59-2104510

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

IRWIN, PAMELA
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: PAMELA WILSON

03/07/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name SHEEDY, J. BRIAN MD
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title VP
Name COLON, WALT DMD
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name DOLL, AVON MD
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title SECRETARY
Name HELLGREN, TRACEY DR.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name JONES, DAVID DR.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name LOEFFLER, NANCY DR.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name COX, J. ALAN ESQ.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

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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: JOHN MAHONEY

PRESIDENT

03/07/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WALTON, JAY DDS
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name BLACKBURN, CLAUDIA MPH RN
Address 2923 SHARER ROAD
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name LOCKWOOD, MARIBEL DR.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name EDWARDS, MARLISHA M.D.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name MUNASIFI, FAISAL M.D.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name JOSEPH, ROHAN DR.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name BROWN, YVONNE
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

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

Title EMERITUS
Name WILLIAMS, CHARLES DR.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name GAMBLE, TEREZE DR.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

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

Title DIRECTOR
Name FORTUNAS, PAULA M.A.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title TREASURER
Name STEWART, DAVID DR.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title EMERITUS
Name MCCULLY, AL DR.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name HOLLIDAY, PATRICIA MSW
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

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