

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757892

FILED
Jan 13, 2016
Secretary of State
CC4059561262

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:

WILSON, 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

01/13/2016

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 DIRECTOR
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 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

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

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

Title DIRECTOR
Name DOLL, AVON DR.
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: PAMELA WILSON

EXECUTIVE DIRECTOR

01/13/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title DIRECTOR
Name RACKLEY, J. DANIELL DR.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

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

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

Title DIRECTOR
Name BROWN-SPEIGHTS, JOEDRECKA DR.
Address 1204 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

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