2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2015
Secretary of State
CC9885828235

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Entity Name: CAPITAL AREA HEALTH ACCESS FOUNDATION, INC

Current Principal Place of Business:

2140 CENTERVILLE PL
TALLAHASSEE, FL 32308

Current Mailing Address:

2140 CENTERVILLE PL
TALLAHASSEE, FL 32308

FEI Number: 20-4240456

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MADSEN, H. MICHAEL
1705 METROPOLITAN BLVD STE 101
TALLAHASSEE, FL 32308-3765 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	P
Name	MESSER, WILL
Address	1403 MACLAY COMMERCE DR.
City-State-Zip:	TALLAHASSEE FL 32312

Title	V
Name	THORNTON, GLENDA
Address	106 E. COLLEGE AVE.
City-State-Zip:	TALLAHASSEE FL 32301-7732

Title	S
Name	SACHS, RON
Address	114 S. DUVAL ST.
City-State-Zip:	TALLAHASSEE FL 32301-7712

Title	T
Name	WILLIAMS, KIM
Address	P.O. BOX 2068
City-State-Zip:	TALLAHASSEE FL 32316

Title	D
Name	MURRAY, ED
Address	1018 THOMASVILLE RD. STE 200A
City-State-Zip:	TALLAHASSEE FL 32303-6291

Title	MGR
Name	BASS, SABIN C
Address	2140 CENTERVILLE PLACE
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: SABIN C BASS MANAGER 04/29/2015

Electronic Signature of Signing Officer/Director Detail — Date