

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N96000001517

**Entity Name:** CAPITAL MEDICAL SOCIETY ALLIANCE, INC.

**Current Principal Place of Business:**

1204 MICCOUSUKEE ROAD  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1204 MICCOUSUKEE ROAD  
TALLAHASSEE, FL 32308

**FEI Number:** 59-3387057

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FARBER, EMILY HARDIMAN  
3062 HAWKS GLEN  
TALLAHASSEE, FL 32312 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:** EMILY FARBER

03/10/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRYANT, CODIE  
Address        9085 SHOAL CREEK DR.  
City-State-Zip: TALLAHASSEE FL 32308

Title            PAST PRESIDENT  
Name            STEPHENS, ANDREA  
Address        266 ROSEHILL DRIVE N.  
City-State-Zip: TALLAHASSEE FL 32312

Title            PRESIDENT ELECT  
Name            REDFIELD, HEATHER  
Address        2001 CHATSWORTH WAY  
City-State-Zip: TALLAHASSEE FL 32309

Title            TREASURER  
Name            FARBER, EMILY  
Address        3062 HAWKS GLEN  
City-State-Zip: TALLAHASSEE FL 32312

Title            VP MEMBERSHIP  
Name            REYES, MICHELLE  
Address        2138 LA ROCHELLE DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

Title            SECRETARY  
Name            BOROM, ASHLEE  
Address        4492 RHODEN COVE LANE  
City-State-Zip: TALLAHASSEE FL 32312

Title            TREASURER ELECT  
Name            DICKHUTE, LEANNE  
Address        6513 WILDEMEADE PLACE  
City-State-Zip: TALLAHASSEE FL 32309

Title            PARLIAMENTARIAN  
Name            PAGANO, AMY  
Address        2706 LIFFORD COURT  
City-State-Zip: TALLAHASSEE FL 32309

*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:** EMILY FARBER

**TREASURER**

03/10/2022

Electronic Signature of Signing Officer/Director Detail

Date