

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90088 012 ****61.25

DOCUMENT # 702959

1. Entity Name

CAPITAL MEDICAL SOCIETY, INCORPORATED



Principal Place of Business

1204 MICCOSUKEE ROAD
TALLAHASSEE FL 32308

Mailing Address

1204 MICCOSUKEE ROAD
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

23-7026264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WENDLAND, KAREN
1204 MICCOSUKEE RD
TALLAHASSEE FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BAILEY, JOHN
STREET ADDRESS 2100 CENTERVILLE RD STE D
CITY-STATE-ZIP TALLAHASSEE FL

TITLE D ☐ Delete
NAME COX, MARILYN
STREET ADDRESS 3842 E MILLERS BRIDGE RD.
CITY-STATE-ZIP TALLAHASSEE FL 32312

TITLE ST ☐ Delete
NAME ALBRIGHT, GREG
STREET ADDRESS 2225 ARMSTEAD RD
CITY-STATE-ZIP TALLAHASSEE FL 32312

TITLE D ☒ Delete
NAME DOLL, AVON
STREET ADDRESS 1609 PHYSICIANS DR
CITY-STATE-ZIP TALLAHASSEE FL

TITLE D ☐ Delete
NAME STEWART, DAVE
STREET ADDRESS 2528 NOBEL DR
CITY-STATE-ZIP TALLAHASSEE FL 32308

TITLE P ☒ Delete
NAME KEPPEL, WILLIAM
STREET ADDRESS 1885 PROFESSIONAL PARK CR #30
CITY-STATE-ZIP TALLAHASSEE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE PRES, ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE Pres, Elect ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Change ☐ Addition
NAME FORD, Jerry
STREET ADDRESS 1743 Armistead Place
CITY-STATE-ZIP Tallahassee, FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ST ☐ Change ☒ Addition
NAME RODRIGUEZ, ANDRES
STREET ADDRESS 4944 Keohone DR.
CITY-STATE-ZIP TALLAHASSEE, FL 32309

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Greg Albright

2/14/06

850-877-9018