

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702959

FILED
Feb 28, 2011
Secretary of State

Entity Name: CAPITAL MEDICAL SOCIETY, INCORPORATED

Current Principal Place of Business:

1204 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1204 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 23-7026264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENDLAND, KAREN
1204 MICCOSUKEE RD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: PAREDES, ALFREDO MD
Address: 2869 ROYAL ISLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: THACKER, RICHARD MD
Address: 9381 WITER CREEK COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: SEC
Name: RAHANGDALE, SANDEEP MD
Address: 3827 E. MILLERS BRIDGE RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: FORD, JERRY MD
Address: 1743 ARMISTEAD PLACE
City-St-Zip: TALLAHASSEE, FL 32312

Title: PRES
Name: HELLGREN, TRACEY MD
Address: 1160 APALACHEE PARKWAY
City-St-Zip: TALLAHASSEE, FL 32301

Title: PE
Name: VANLANDINGHAM, HUGH MD
Address: 3070 ST. ANDREWS WAY
City-St-Zip: TALLAHASSEE, FL 32312

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: KAREN WENDLAND

ED

02/28/2011

Electronic Signature of Signing Officer or Director

Date