2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702959

FILED Apr 20, 2012 Secretary of State

Entity Name: CAPITAL MEDICAL SOCIETY, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

1204 MICCOSUKEE ROAD TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

1204 MICCOSUKEE ROAD TALLAHASSEE, FL 32308

FEI Number: 23-7026264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WENDLAND, KAREN CONTE, SUE
1204 MICCOSUKEE RD
TALLAHASSEE, FL 32308 US 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: SUE CONTE 04/20/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

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: PE

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

Title: ST

Name: LOEFFLER, NANCY MD Address: 3726 LAKEVIEW DRIVE City-St-Zip: TALLAHASSEE, FL 32312

Title: [

 Name:
 HELLGREN, TRACEY MD

 Address:
 1160 APALACHEE PARKWAY

 City-St-Zip:
 TALLAHASSEE, FL 32301

Title: PRES

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: SUE CONTE ED 04/20/2012