2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N06000000426

Entity Name: CAPITAL AREA HEALTH ACCESS FOUNDATION, INC

Current Principal Place of Business:

2140 CENTERVILLE PL
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2140 CENTERVILLE PL
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-4240456 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MADSEN, H. MICHAEL
1705 METROPOLITAN BLVD STE 101
TALLAHASSEE, FL 323083765 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition
Name: MESSER, WILL
Address: 1403 MACLAY COMMERCE DR.
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: V ( ) Change (X) Addition
Name: THORNTON, GLENDA
Address: 106 E. COLLEGE AVE.
City-St-Zip: TALLAHASSEE, FL 323017732 US

Title: S ( ) Change (X) Addition
Name: SACHS, RON
Address: 114 S. DUVAL ST.
City-St-Zip: TALLAHASSEE, FL 323017712 US

Title: T ( ) Change (X) Addition
Name: WILLIAMS, KIM
Address: P.O. BOX 2068
City-St-Zip: TALLAHASSEE, FL 32316 US

Title: D ( ) Change (X) Addition
Name: MURRAY, ED
Address: 1018 THOMASVILL RD. STE 200A
City-St-Zip: TALLAHASSEE, FL 323036291 US

Title: D ( ) Change (X) Addition
Name: DESLOGE, BRYAN
Address: 2510 MICCOSUKEE RD.
City-St-Zip: TALLAHASSEE, FL 323085411

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILL MESSER P 05/01/2007

Electronic Signature of Signing Officer or Director — Date