

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000426

FILED
Apr 30, 2012
Secretary of State

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 ()

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: P
Name: MESSER, WILL
Address: 1403 MACLAY COMMERCE DR.
City-St-Zip: TALLAHASSEE, FL 32312 US

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

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

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

Title: D
Name: MURRAY, ED
Address: 1018 THOMASVILLE RD. STE 200A
City-St-Zip: TALLAHASSEE, FL 323036291 US

Title: MGR
Name: BASS, SABIN C
Address: 2140 CENTERVILLE PALCE
City-St-Zip: TALLAHASSEE, FL 32308

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: SABIN C. BASS

MGR

04/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date