

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

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90009 032 ****61.25

DOCUMENT # N96000001517

1. Entity Name

CAPITAL MEDICAL SOCIETY ALLIANCE, INC.



Principal Place of Business

1204 MICCOUSUKEE ROAD
TALLAHASSEE FL 32308

Mailing Address

1204 MICCOUSUKEE ROAD
TALLAHASSEE FL 32308

50020019



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

Zip

Country

Zip

Country

4. FEI Number

59-3387057

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 MICCOUSUKEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DV ☐ Delete
NAME STEWART, GILLIAN
STREET ADDRESS 712 DUPARC CIR
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE DV ☒ Change ☐ Addition
NAME Debra Placilla
STREET ADDRESS 1237 Stonehurst Way
CITY-ST-ZIP Tallahassee, FL 32312

TITLE T ☐ Delete
NAME FORD, CAY
STREET ADDRESS 1743 ARMISTEAD PL
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE T ☒ Change ☐ Addition
NAME Megan Sgan
STREET ADDRESS 2466 Laurelwood Ct.
CITY-ST-ZIP Tallahassee, FL 32308

TITLE S ☐ Delete
NAME WONG, ANN
STREET ADDRESS 564 FRANK SHAW RD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE S ☒ Change ☐ Addition
NAME Mara Rumana
STREET ADDRESS 2894 W. Hannon Hill Dr.
CITY-ST-ZIP Tallahassee, FL 32309

TITLE TD ☐ Delete
NAME SGAN, MEGAN
STREET ADDRESS 2466 LAURELWOOD CT
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE TD ☒ Change ☐ Addition
NAME Maura Santoli
STREET ADDRESS 2049 Chatsworth Way
CITY-ST-ZIP Tallahassee, FL 32309

TITLE SD ☐ Delete
NAME PLACILLA, DEBRA
STREET ADDRESS 1237 STOREHURST WAY
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE SD ☒ Change ☐ Addition
NAME Kathleen Smith
STREET ADDRESS 3340 Charleston Rd
CITY-ST-ZIP Tallahassee, FL 32309

TITLE VP ☐ Delete
NAME SANTOLI, MAURA
STREET ADDRESS 2049 CHATSWORTH WAY
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE VP ☒ Change ☐ Addition
NAME Tracy Morales
STREET ADDRESS 2657 Egret Court
CITY-ST-ZIP Tallahassee, FL 32308

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:

Megan E. Sgan

4/20/06

(850) 386-4387