

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001517

FILED
Apr 15, 2009
Secretary of State

Entity Name: CAPITAL MEDICAL SOCIETY ALLIANCE, INC.

Current Principal Place of Business:

1204 MICCOUSUKEE ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1204 MICCOUSUKEE ROAD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3387057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENDLAND, KAREN
1204 MICCOUSUKEE 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: P () Delete
Name: FORD, CAY PRES
Address: 1743 ARMISTEAD PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: MORALES, TRACY SECRETA
Address: 2657 EGRET COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: BOUCHARD, SANDRA TREAS.
Address: 3306 SHADOWMOSS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: FRANC, NATALIE
Address: 426 EAST 6TH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP () Delete
Name: FRANKLAND, TAMMY
Address: 1781 MARSTON PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: DRAPER, VALERIE
Address: 3933 BOBBIN BROOK CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FRANZ, NATALIE
Address: 426 EAST 6TH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP (X) Change () Addition
Name: FRANKLAND, TAMMI
Address: 1781 MARSTON PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KAREN WENDLAND

ED

04/15/2009

Electronic Signature of Signing Officer or Director

Date