2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001517

FILED Feb 28, 2011 Secretary of State

Entity Name: CAPITAL MEDICAL SOCIETY ALLIANCE, INC.

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

1204 MICCOUSUKEE ROAD TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

1204 MICCOUSUKEE ROAD TALLAHASSEE, FL 32308

FEI Number: 59-3387057 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 EXE.DIR 1204 MICCOSUKEE RD. 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SEC

Name: HUTCHINSON, KELLY SEC Address: 4005 BOBBIN BROOK CIRCLE City-St-Zip: TALLAHASSEE, FL 32312

Title: PRES

 Name:
 MORALES, TRACY PRES

 Address:
 2657 EGRET COURT

 City-St-Zip:
 TALLAHASSEE, FL 32308

Title: TE

Name: NGUYEN, TRANG TREA EL Address: 2350 PHILIPS RD., 36212 City-St-Zip: TALLAHASSEE, FL 32308

Title: VP

Name: RACKLEY, JENNIFER VP Address: 1574 CRISTOBAL DR. City-St-Zip: TALLAHASSEE, FL 32303

Title: PE

 Name:
 FRANKLAND, TAMMI PRES EL

 Address:
 1781 MARSTON PLACE

 City-St-Zip:
 TALLAHASSEE, FL 32308

Title: PP

Name: DRAPER, VALERIE PAST PR Address: 3933 BOBBIN BROOK CIRCLE 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: KAREN WENDLAND ED 02/28/2011