

**ANNUAL REPORT
1995**

Division of Corporations
Sandra B. Markham
Secretary of State

FILED

95 MAY -1 PM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086284 (4)

1. Corporation Name

CAPITAL MEDICAL CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**919 SHADOWLAWN DRIVE
TALLAHASSEE FL 32312**

Mailing Address
**919 SHADOWLAWN DRIVE
TALLAHASSEE FL 32312**

3. Date Incorporated or Qualified
11/29/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 **1524 Thomaswood Dr.**

26 **P.O. Box 15013**

59-3279715

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22

27

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

City & State

City & State

Tallahassee, FL

Tallahassee, FL

Zip Country

Zip Country

24 **32312** 25 **USA**

29 **32312** 30 **USA**

8. This corporation has liability for intangible tax under S. 190.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOOD, JOHN H
919 SHADOWLAWN DRIVE
TALLAHASSEE FL 32312**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
WOOD, JOHN H
919 SHADOWLAWN DRIVE
TALLAHASSEE FL 32312**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
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3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE: **JOHN H. WOOD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER IN OFFICE OR DIRECTOR

John H. Wood, Pres.

4/7/95

DATE

**(904)
586-1978**