FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769375 (7)

1. Corporation Name

FLORIDA MEDICAL MALPRACTICE CLAIMS COUNCIL, INC.

Principal Place of Business	Mailing Address
C/O 1601 FORUM PLACE SUITE 701 WEST PALM BCH. FL 33402 US	PO DRAWER 2926 250 AUSTRALIAN AVE SUITE 700 WEST PALM BCH FL 33401 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1983
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2410041 — Applied For / Not Applicable

2. Principal Place of Business: 21 1500 N W 49 St.	2a. Mailing Address: 26 1500 NW 49 St
Suite, Apt #, etc: 22 #607	Suite, Apt #, etc: 27 607
City & State: 23 FT LAUDERDALE, FL.	City & State: 28 FT LAUDERDALE, FL
Zip: 24 33309 — Country: 25 USA	Zip: 29 33309 — Country: 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRICE, WILLIAM W. 250 S AUSTRALIAN AVE SUITE 700 WEST PALM BCH. FL 33401	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], Registered Agent — 4/25/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	RAMSEY, BRUCE E	1 2 NAME	
STREET ADDRESS	1601 FORUM PLACE, SUITE 701	1 3 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL	1 4 CITY ST ZIP	
TITLE	D	2 1 TITLE	T/D ☑ Change ☐ Addition
NAME	MADIO, RUSS R.	2 2 NAME	GERALD GREGOR
STREET ADDRESS	200 S. PARK ROAD, SUITE 465	2 3 STREET ADDRESS	1500 N.W. 49 ST #607
CITY ST ZIP	HOLLYWOOD FL	2 4 CITY ST ZIP	FT LAUDERDALE, FL 33309
TITLE	P D	3 1 TITLE	☐ Change ☐ Addition
NAME	KELLNER, REED, ESQ.	3 2 NAME	
STREET ADDRESS	1555 P. BCH LAKES BLVD. SUITE 1600	3 3 STREET ADDRESS	
CITY ST ZIP	WEST PALM BCH. FL	3 4 CITY ST ZIP	
TITLE	S	4 1 TITLE	S/D ☑ Change ☐ Addition
NAME	REYES, JUAN D.	4 2 NAME	PATRICIA T MURRAY ESQ
STREET ADDRESS	12000 BISCAYNE BLVD., SUITE 107	4 3 STREET ADDRESS	6360 NW 5 WAY SUITE 303
CITY ST ZIP	MIAMI FL	4 4 CITY ST ZIP	FORT LAUDERDALE, FL 33309
TITLE	P	5 1 TITLE	☐ Change ☐ Addition
NAME	ACEVEDO-RENNIE, JEAN	5 2 NAME	
STREET ADDRESS	4841 S. UNIV. DR., SUITE 243	5 3 STREET ADDRESS	
CITY ST ZIP	DAVIE FL	5 4 CITY ST ZIP	
TITLE		6 1 TITLE	P/D ☐ Change ☑ Addition
NAME		6 2 NAME	MARK KLINGENSMITH
STREET ADDRESS		6 3 STREET ADDRESS	1545 CENTREPARK DR N
CITY ST ZIP		6 4 CITY ST ZIP	WEST PALM BCH, FL 33401

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 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] PATRICIA T MURRAY — 4/19/95 — 305-491-5683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010076