

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769375** (7)
1. Corporation Name
FLORIDA MEDICAL MALPRACTICE CLAIMS COUNCIL, INC.



Principal Place of Business 1500 NW 49 ST STE 607 FT. LAUD FL 33309 US		Mailing Address 1500 NW 49 ST STE 607 FT. LAUD FL 33309-3779 US	
2. Principal Place of Business 21 800 SE Third Ave Suite, Apt. #, etc. 22 STE 400 City & State 23 Fort Lauderdale, FL Zip 24 33316		2a. Mailing Address 26 800 SE Third Ave Suite, Apt. #, etc. 27 STE 400 City & State 28 Fort Lauderdale, FL Zip 29 33316	
Country 25 USA		Country 30 USA	
3. Date Incorporated or Qualified 07/14/1983		3a. Date of Last Report 04/24/1996	
4. FEI Number 59-2410041		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PRICE, WILLIAM W. 250 S AUSTRALIAN AVE SUITE 700 WEST PALM BCH. FL 33401		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	TO	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANDY, DOMENIC	1.2 NAME	JAYCHIMPOULIS, JAY
STREET ADDRESS	800 SE 3RD AVE	1.3 STREET ADDRESS	800 SE Third Ave
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33316
TITLE	PD	2.1 TITLE	PRES. Elect
NAME	GREGOR, GERALD	2.2 NAME	MURRAY, PATRICIA
STREET ADDRESS	1500 NW 49 ST, STE 607	2.3 STREET ADDRESS	6360 NW 5 WAY STE 303
CITY-ST-ZIP	FT LAUD FL	2.4 CITY-ST-ZIP	Pt. Laud. FL
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	SD PRES. Elect	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, PATRICIA I	4.2 NAME	
STREET ADDRESS	6360 NW 5 WAY, STE 303	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNGSMITH, MARK	6.2 NAME	
STREET ADDRESS	1545 CENTREPARK, DR, N	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 **BRANDY DOMENIC** 2/1/97

CR2E037 (9/96)