

NO4000010129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

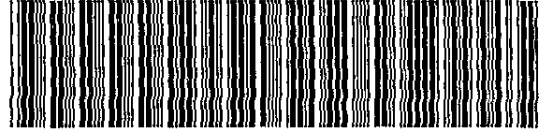
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/15/04--01017--022 \*\*78.75

FILED  
04 OCT 27 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NO4-38047

**FLORIDA MEDICAL MALPRACTICE  
CLAIMS COUNCIL, INCORPORATED  
P.O. Box 770721  
Coral Springs, FL 33077**

October 4, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

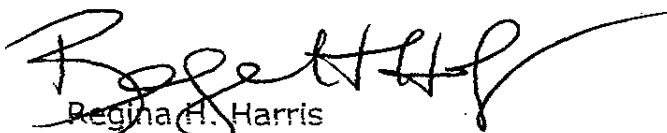
Subject: Florida Medical Malpractice Claims Council, Incorporated

Ladies/Gentlemen:

Enclosed is an original and one copy of the Articles of Incorporation and a check for: \$78.75.

Thank you for your cooperation in this matter.

Very truly yours,



Regina H. Harris  
P.O. Box 770721  
Coral Springs, FL 33077  
954.602.5859



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 15, 2004

REGINA H HARRIS  
P O BOX 770721  
CORAL SPRINGS, FL 33077

SUBJECT: FLORIDA MEDICAL MALPRACTICE CLAIMS COUNCIL,  
INCORPORATED  
Ref. Number: W04000038047

RECEIVED  
04 OCT 27 AM 10:26  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for FLORIDA MEDICAL MALPRACTICE CLAIMS COUNCIL, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

An effective date may be added to the Articles of Incorporation if a 2005 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Document Specialist  
New Filings Section

Letter Number: 404A00059493

10/25/04

Tammy,

Thank you for your assistance. I have deleted any reference to "doing business as" and filed a Fictitious Name Registration Separately. Please process this application at your earliest convenience.

**FILED**

04 OCT 27 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA MEDICAL MALPRACTICE  
CLAIMS COUNCIL, INCORPORATED**

**Articles of Incorporation**

**In Compliance with Chapter 617, F.S., (Not for profit)**

**ARTICLE I – NAME**

The name of the corporation shall be: Florida Medical Malpractice Claims Council, Incorporated

**ARTICLE II – PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: Post Office Box 770721, Coral Springs, FL 33077.

**ARTICLE III – PURPOSE**

The purpose for which the corporation is organized is: to share ideas, network, and provide continuing legal and medical education to defense attorneys, paralegals, legal nurse consultants, risk managers, claims professionals, and other individuals and groups involved in defending claims of medical malpractice.

**ARTICLE IV – MANNER OF ELECTION**

The manner in which the directors are elected or appointed: is with a vote by the membership during the month of July.

**ARTICLE V – INITIAL DIRECTORS AND/OR OFFICERS**

President : Regina "Gina" H. Harris, P.O. Box 770721, Coral Springs, FL 33077

Vice President: Susan Sistare, Esq., 720 S.E. 5<sup>th</sup> Court, Ft. Lauderdale, FL 33301

Treasurer: Elyse Bauman, 2801 S.W. 149<sup>th</sup> Avenue, Suite 200, Miramar, FL 33027.

Secretary: Unoccupied

**ARTICLE VI – INITIAL REGISTERED AGENT AND STREET ADDRESS**

Mary S. Lingerfeldt, Esquire, Bunnell, Woulfe, et al., 100 S.E. 3<sup>rd</sup> Avenue, Suite 900, Fort Lauderdale, FL 33394.

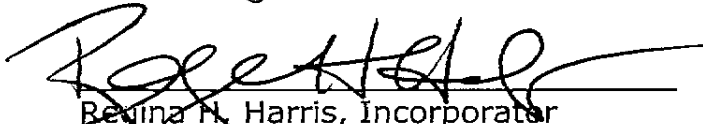
**ARTICLE VII - INCORPORATOR**

Regina H. Harris, P.O. Box 770721, Coral Springs, FL 33077.

.....  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
Mary S. Lingerfeldt, Registered Agent

10/7/04  
Date

  
Regina H. Harris, Incorporator

10/12/04  
Date