


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90011 034 \*\*\*\*61.25

<b>DOCUMENT # N04000010129</b>					
<b>1. Entity Name</b> FLORIDA MEDICAL MALPRACTICE CLAIMS COUNCIL, INCORPORATED					
<b>Principal Place of Business</b> P O BOX 770721 CORAL SPRINGS, FL 33077			<b>Mailing Address</b> P O BOX 770721 CORAL SPRINGS, FL 33077		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-1804703	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
LINGERFELDT, MARY S ESQ BUNNELL, WOULFE, ET AL. 100 SE 3RD AVE - STE 900 FT LAUDERDALE, FL 33394			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P HARRIS, REGINA "GINA" H P O BOX 770721 CORAL SPRINGS, FL 33077		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete		Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>			
VP SISTARE, SUSAN ESQ 720 SE 5TH CT FT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		SECRETARY LORI LUKARSKO, RN, JD 2801 SW 149 AVE, #200 MIRAMAR, FL 33027		
<input type="checkbox"/> Delete		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
T BAUMAN, ELYSE 2801 SW 149TH AVE - STE 200 MIRAMAR, FL 33027	<input type="checkbox"/> Delete		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
<input type="checkbox"/> Delete		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
<b>12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____		1/10/05 954.602.5859			
REGINA H. HARRIS		Date Daytime Phone #			