

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90027 040 \*\*\*\*61.25

DOCUMENT # N04000010129					
1. Entity Name FLORIDA MEDICAL MALPRACTICE CLAIMS COUNCIL, INCORPORATED					
Principal Place of Business P O BOX 770721 CORAL SPRINGS, FL 33077		Mailing Address P O BOX 770721 CORAL SPRINGS, FL 33077			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1804703	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LINGERFELDT, MARY S ESQ BUNNELL, WOULFE, ET AL. 100 SE 3RD AVE - STE 900 FT LAUDERDALE, FL 33394				Name MARY S. Lingerfeldt, ESQ.	
				Street Address (P.O. Box Number is Not Accessible) GRAY ROBINSON	
				40 E. LAS OLAS BLVD. #1850	
				City FT. LAUDERDALE, FL	
				Zip Code 33301	
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.					
SIGNATURE <i>Mary Lingerfeldt</i>				DATE 3-8-06	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, REGINA "GINA" H P O BOX 770721 CORAL SPRINGS, FL 33077	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MARY Lingerfeldt, ESQ GRAY ROBINSON - 40 E. LAS OLAS BLVD. FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SISTARE, SUSAN ESQ 720 SE 5TH CT FT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert J. Robin, ESQ. 515 N. FLAGLER BLVD, #1600 W. PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAUMAN, ELYSE 2801 SW 149TH AVE - STE 200 MIRAMAR, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOKACSKO, LORI RN JD 2801 SW 149 AVE # 200 MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GINA H. HARRIS P.O. BOX 770721 CORAL SPRINGS, FL 33077	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <i>Gina H Harris</i>				Date 954.602.5859	
Signature and typed or printed name of signing officer or director				Daytime Phone #	