


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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

02242006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-1804703	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LINGERFELDT, MARY S ESQ BUNNELL, WOULFE, ET AL. 100 SE 3RD AVE - STE 900 FT LAUDERDALE, FL 33394
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7. Name and Address of New Registered Agent 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 FL Zip Code: 33301
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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
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**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
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**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
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	VP SISTARE, SUSAN ESQ 720 SE 5TH CT FT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete
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	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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARY Lingerfeldt, ESQ GRAY ROBINSON - 40 E. LAS OLAS BLVD. FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT J. ROBIN, ESQ. 515 N. FLAGLER DRIVE, #1600 W. PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GINA H. HARRIS P.O. BOX 770721 CORAL SPRINGS, FL 33077
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"/> 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
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