



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90063 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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 1.5em; font-weight: bold;">40107011</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 03292007 Chg-NP CR2E037 (12/06) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> 4. FEI Number 20-1804703 </div> <div> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="margin-top: 10px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent <div style="display: flex; align-items: center;"> <div style="flex: 1;"> LINGERFELDT, MARY S ESQ 401 E LAS OLAS BLVD, # 1850 FORT LAUDERDALE, FL 33301 </div> <div style="flex: 1; font-style: italic; font-size: 1.2em;"> ← Gray Robinson, PA. </div> </div>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex: 1;"> SIGNATURE: <i>Mary Lingerfeldt</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="flex: 1; text-align: right;"> 4-23-07 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		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 LINGERFELDT, MARY ESQ 410 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GINA H HARRIS POB 770721 CORAL SPRINGS, FL 33077	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBIN, ROBERT I ESQ 515 N FLAGLER DR, #1600 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARY LINGERFELDT, ESQ 401 E LAS OLAS BLVD # 1850 FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Change <input 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	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, GINA H POB 770721 CORAL SPRINGS, FL 33077	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELIZABETH HOLZMAN 13450 W. SONTISE BLVD. #160 SONTISE, FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div> 3/29/07 <small>Date</small> </div> <div> 954-622-5859 <small>Daytime Phone #</small> </div> </div>		

RECEIVED
APR 23 2007