

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 23, 2007
Secretary of State

DOCUMENT# N04000010129

Entity Name: FLORIDA MEDICAL MALPRACTICE CLAIMS COUNCIL, INCORPORATED**Current Principal Place of Business:**P O BOX 770721
CORAL SPRINGS, FL 33077**New Principal Place of Business:**1830 MAIN STREET
100
WESTON, FL 33326**Current Mailing Address:**P O BOX 770721
CORAL SPRINGS, FL 33077**New Mailing Address:**1830 MAIN STREET
100
WESTON, FL 33326**FEI Number:** 20-1804703**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROBINSON, GRAY P.A.
401 E LAS OLAS BLVD, # 1850
FORT LAUDERDALE, FL 33301 US**Name and Address of New Registered Agent:**TALISMAN, AMY ESQ.
7901 S.W. 36TH STREET
206
DAVIE, FL 33328 US

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.

SIGNATURE: AMY B. TALISMAN

05/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARRIS, GINA H
Address: PO BOX 770721
City-St-Zip: CORAL SPRINGS, FL 33077

Title: VP () Delete
Name: LINGERFELDT, MARY ESQ
Address: 401 EAST LAS OLAS BLVD SUITE 1850
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T () Delete
Name: BAUMAN, ELYSE
Address: 2801 SW 149TH AVE - STE 200
City-St-Zip: MIRAMAR, FL 33027

Title: S () Delete
Name: HARRIS, GINA H
Address: POB 770721
City-St-Zip: CORAL SPRINGS, FL 33077

Title: S () Delete
Name: HOLZMAN, ELIZABETH
Address: 13450 WEST SUNRISE BLVD SUITE 160
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TALISMAN, AMY B ESQ
Address: 7901 S.W. 36TH STREET, SUITE 206
City-St-Zip: DAVIE, FL 33328

Title: VP (X) Change () Addition
Name: MAYER, LYDIA ESQ
Address: 7901 S.W. 36TH STREET, SUITE 206
City-St-Zip: DAVIE, FL 33328

Title: T (X) Change () Addition
Name: KLYMKO, MICHELLE ESQ
Address: 1830 MAIN STREET
City-St-Zip: WESTON, FL 33326

Title: VP (X) Change () Addition
Name: WALTERS, SARA ESQ.
Address: 7901 S.W. 36TH STREET, SUITE 206
City-St-Zip: DAVIE, FL 33328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY B. TALISMAN

P

05/23/2007

Electronic Signature of Signing Officer or Director

Date