SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 31 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N18799** **(9)**

1. Corporation Name

NORTHEAST FLORIDA MEDICAL MALPRACTICE CLAIMS COU NCIL, INC.

Principal Place of Business	Mailing Address
%BRUCE S. BULLOCK, ESQUIRE 711 BLACKSTONE BUILDING JACKSONVILLE FL 32202	%BRUCE S. BULLOCK, ESQUIRE 711 BLACKSTONE BUILDING JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1987
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2778158 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

BULLOCK, BRUCE S.
711 BLACKSTONE BUILDING
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition PD
NAME	VOLPE, TIMOTHY W.	12 NAME	Meyers, Cory
STREET ADDRESS	1600 FIRST UNION TOWER	13 STREET ADDRESS	800 Prudential Drive
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, Fla. 32207
TITLE	VD	21 TITLE	☒ Change ☐ Addition VD
NAME	MEYERS, CORY	22 NAME	O'Neal, Michael S.
STREET ADDRESS	800 PRUDENTIAL DRIVE	23 STREET ADDRESS	200 Laura Street, #1100
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, Fla. 32202
TITLE	SD	31 TITLE	☒ Change ☐ Addition SD
NAME	WILLIAMS, R.N. MARLEEN	32 NAME	Pendley, Michael C.
STREET ADDRESS	1350-13TH AVE SO.	33 STREET ADDRESS	233 East Bay Street, #711
CITY-ST-ZIP	JACKSONVILLE BCH FL	34 CITY-ST-ZIP	Jacksonville, Fla. 32202
TITLE	TD	41 TITLE	☒ Change ☐ Addition TD
NAME	BARBOUR, JEPTHA F.	42 NAME	Mandel, Tracy
STREET ADDRESS	1200 GULF LIFE DR, #800	43 STREET ADDRESS	P. O. Box 2982 -- N/A
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	Jacksonville, Fla. 32203
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cory Meyers 7/21/95 904-202-2972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001660