

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 19 1997 8:00am
Secretary of State

DOCUMENT # **N18799** (9)

1. Corporation Name

NORTHEAST FLORIDA MEDICAL MALPRACTICE CLAIMS COUNCIL, 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

03/06/1996

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**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BULLOCK, BRUCE S.
711 BLACKSTONE BUILDING
JACKSONVILLE FL 32202**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☐ DELETE
NAME **MANDEL, TRACY**
STREET ADDRESS **P.O. BOX 2982**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **VD** ☒ Change ☐ Addition
1.2 NAME **MANDEL, TRACY**
1.3 STREET ADDRESS **1800 Barrs Street, #5633**
1.4 CITY-ST-ZIP **Jacksonville, Fl. 32204**

TITLE **PD** ☒ DELETE
NAME **MEYERS, CORY**
STREET ADDRESS **800 PRUDENTIAL DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **O'NEAL, MICHAEL S.**
STREET ADDRESS **200 NORTH LAURA STREET #1100**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **700002297997**
3.3 STREET ADDRESS **-09/19/97--01046--027**
3.4 CITY-ST-ZIP *****61.25**

TITLE **SD** ☐ DELETE
NAME **PENDLEY, MICHAEL C.**
STREET ADDRESS **233 EAST BAY STREET #711**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE **PD** ☒ Change ☐ Addition
4.2 NAME **PENDLEY, MICHAEL C.**
4.3 STREET ADDRESS **233 East Bay Street, #711**
4.4 CITY-ST-ZIP **Jacksonville, Fl. 32202**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **SD** ☐ Change ☒ Addition
5.2 NAME **NUNN, LARKE**
5.3 STREET ADDRESS **2001 Kingsley Avenue**
5.4 CITY-ST-ZIP **Orange Park, Fl. 32073**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **TD** ☐ Change ☒ Addition
6.2 NAME **CAHILL, DOTTIE**
6.3 STREET ADDRESS **580 West 8th Street**
6.4 CITY-ST-ZIP **Jacksonville, Fl. 32209**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE REQUIRED

0/15/97 (1001) 050-0000

CR2E037 (4/97)

7/9/97