


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90015 041 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N18799</b> ✓					
1. Corporation Name <b>NORTHEAST FLORIDA MEDICAL MALPRACTICE CLAIMS COU NCIL, INC.</b>					
Principal Place of Business <b>%BRUCE S. BULLOCK, ESQUIRE 711 BLACKSTONE BUILDING JACKSONVILLE FL 32202</b>			Mailing Address <b>%BRUCE S. BULLOCK, ESQUIRE 711 BLACKSTONE BUILDING JACKSONVILLE FL 32202</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>01/16/1987</b>	
				4. FEI Number <b>59-2778158</b>	
				Applied For - Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>BULLOCK, BRUCE S. 711 BLACKSTONE BUILDING JACKSONVILLE FL 32202</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDEL, TRACY	1.2 NAME	
STREET ADDRESS	1800 BARRS STREET #5633	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDLEY, MICHAEL C.	2.2 NAME	
STREET ADDRESS	233 EAST BAY STREET #711	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNN, LARKE	3.2 NAME	
STREET ADDRESS	2011 KINGSLEY AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAHILL, DOTTIE	4.2 NAME	
STREET ADDRESS	580 WEST 8TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, M B	5.2 NAME	
STREET ADDRESS	200 W FORSYTH ST, 1700	5.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32202	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)