
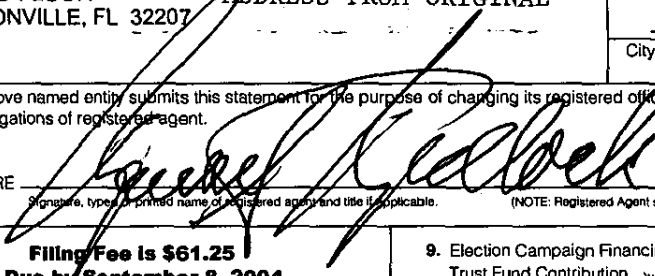
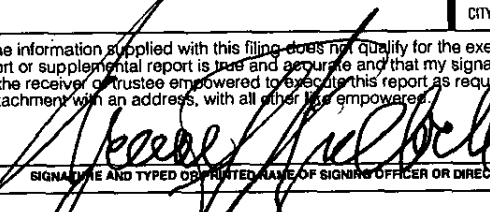


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 24, 2004 8:00 am**  
**Secretary of State**

09-24-2004 90002 007 \*\*\*\*70.00

<b>DOCUMENT # N18799</b> 1. Entity Name <b>NORTHEAST FLORIDA MEDICAL MALPRACTICE CLAIMS COUNCIL, 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 <b>1551 Atlantic Blvd 2d Floor</b> Suite, Apt. #, etc. <b>2d Floor</b>			3. Mailing Address <b>Same</b> Suite, Apt. #, etc. <b>Same</b>		
City & State <b>Jacksonville, Florida</b>			City & State <b>Jacksonville, Florida</b>		
Zip <b>32203</b>		Country <b>USA</b>		Zip <b>32207</b>	
Country <b>USA</b>		4. FEI Number <b>59-2778158</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>BULLOCK, BRUCE S. 1551 ATLANTIC BLVD. SECOND FLOOR JACKSONVILLE, FL 32207</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.					
SIGNATURE  <span style="float: right;">DATE <b>Sept 22, 2004</b></span>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANDEL, TRACY 1800 BARRS STREET #5633 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NUNN, LARKE 580 W. 8TH ST. JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAHILL, DOTTIE 6339 FLEMING DRIVE GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOVE, M B 200 W FORSYTH ST, 1700 JAX, FL 32202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. 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 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 persons empowered.					
<b>SIGNATURE:</b>  <b>BRUCE S. BULLOCK</b> <b>Sept. 22, 2004</b> <b>904 396 3007</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>DIRECTOR</b>					

54073478



06172004 Chg-NP CR2E037 (10/03)