

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90223 031 *****61.25

DOCUMENT # N18799

1. Entity Name

**NORTHEAST FLORIDA MEDICAL MALPRACTICE CLAIMS COU
NCIL, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2778158**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

1551 ATLANTIC BLVD.

SECOND FLOOR

City

JACKSONVILLE

FL

Zip Code

32207

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

[Signature of Bruce S. Bullock]

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MANDEL, TRACY**
STREET ADDRESS **1800 BARRS STREET #5633**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **VD** ☐ Delete
NAME **NUNN, LARKE**
STREET ADDRESS **2011 KINGSLEY AVENUE**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **TD** ☐ Delete
NAME **CAHILL, DOTTIE**
STREET ADDRESS **580 WEST 8TH STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **SD** ☐ Delete
NAME **LOVE, M B**
STREET ADDRESS **200 W FORSYTH ST, 1700**
CITY-ST-ZIP **JAX FL 32202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **address**
STREET ADDRESS **580 W 8TH ST**
CITY-ST-ZIP **JAX FL 32209**

TITLE ☒ Change ☐ Addition
NAME **address**
STREET ADDRESS **6339 Fleming Drive**
CITY-ST-ZIP **Green Cove Sp. FL 32043**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like information.

SIGNATURE

[Signature of Tracy Mandel]

SIGNATURE REQUIRED

1/20/03

(904) 396-3007

CR2E037 (10/02)