

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N39154** (2)

1. Corporation Name

CENTRAL FLORIDA MEDICAL MALPRACTICE CLAIMS COUNCIL, INC.



Principal Place of Business

Mailing Address

**201 E PINE ST
STE 1500
ORLANDO FL 32801**

**201 E PINE ST
STE 1500
ORLANDO FL 32801**

3. Date Incorporated or Qualified
06/22/1990

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 **108 E. Central Blvd.**
Suite, Apt. #, etc.
22 **Orlando, FL 32802**

26 **P.O. Box 753**
Suite, Apt. #, etc.
27

23 **Orlando, FL 32801**
City & State

28 **Orlando, FL 32802-0753**
City & State

24 **32801**
Zip

25 **Orange**
Country

29 **32802-0753**
Zip

30 **Orange**
Country

4. FEI Number
59-3021009

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDMANDS, JR., CHARLES H
2 S ORANGE PLAZA
ORLANDO FL 32801**

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

TITLE **TD** ☐ DELETE
NAME **ANGERT, AMY**
STREET ADDRESS **P.O. BOX 712 N/A**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☐ DELETE
NAME **HURT, JENNINGS L III**
STREET ADDRESS **2 S ORANGE PLAZA**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☐ DELETE
NAME **WILLIS, JOHN**
STREET ADDRESS **2 S ORANGE PLAZA**
CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☐ DELETE
NAME **MANSBACH, ROBERT E**
STREET ADDRESS **2 S ORANGE PLAZE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Bill Ruffier**
1.3 STREET ADDRESS **108 E. Central Blvd.**
1.4 CITY-ST-ZIP **Orlando, FL 32801** ☒ Change ☐ Addition

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Richards Ford**
2.3 STREET ADDRESS **300 N. Orange Avenue, #1000**
2.4 CITY-ST-ZIP **Orlando, FL 32801** ☒ Change ☐ Addition

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **Amy Angert**
3.3 STREET ADDRESS **20 N. Orange Avenue, Suite 1500**
3.4 CITY-ST-ZIP **Orlando, FL 32801** ☒ Change ☐ Addition

4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **Eric P. Gibbs**
4.3 STREET ADDRESS **315 E. Robinson Street, Suite 600**
4.4 CITY-ST-ZIP **Orlando, FL 32801** ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

Date

407 425-7010

Daytime Phone

CR2E037 (12/95)