

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90448 003 \*\*\*\*61.25

**DOCUMENT # N39154**

1. Entity Name  
**CENTRAL FLORIDA MEDICAL MALPRACTICE CLAIMS  
COUNCIL, INC.**



Principal Place of Business  
**390 N ORANGE AVE.  
STE. 1900  
ORLANDO, FL 32801 US**

Mailing Address  
**390 N ORANGE AVE.  
STE. 1900  
ORLANDO, FL 32801 US**

2. Principal Place of Business - No P.O. Box #  
**390 N. Orange Ave**

3. Mailing Address  
**390 N. Orange Ave**

Suite, Apt. #, etc.  
**Ste. 1000**

Suite, Apt. #, etc.  
**Ste. 1000**

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

Zip  
**32801**

Country  
**USA**

Zip  
**32801**

Country  
**USA**

03262007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3021009**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**MENELLO, JOSEPH P  
390 N ORANGE AVE., STE 1900  
ORLANDO, FL 32801**

## 7. Name and Address of New Registered Agent

Name

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

**390 N. Orange Ave, Ste 1000**

City

**Orlando**

**FL**

Zip Code  
**32801**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/27/07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 **D** ☐ Delete  
NAME **MENELLO, JOSEPH P**  
STREET ADDRESS **390 N. ORANGE AVE. #1900**  
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **D** ☒ Change ☐ Addition  
NAME **Menello, Joseph P**  
STREET ADDRESS **390 N. Orange Ave # 1000**  
CITY-ST-ZIP **Orlando, FL 32801**

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

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

TITLE ☐ Change ☐ Addition  
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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 exemptions contained in Chapter 119, 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/27/07**