

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39154

FILED  
Aug 28, 2009  
Secretary of State

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

**Current Principal Place of Business:**

390 N ORANGE AVE.  
STE.1000  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

390 N ORANGE AVE.  
STE.1000  
ORLANDO, FL 32801 US

**New Mailing Address:**

**FEI Number:** 59-3021009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MENELLO, JOSEPH P  
390 N ORANGE AVE., STE 1000  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

FORD, RICHARDS H  
390 N ORANGE AVE., STE 1000  
ORLANDO, FL 32801 US

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.

SIGNATURE: RICHARDS H. FORD

08/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MENELLO, JOSEPH P  
Address: 390 N ORANGE AVE 1000  
City-St-Zip: ORLANDO, FL 32801 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: RICHARDS, FORD H  
Address: 390 N ORANGE AVE 1000  
City-St-Zip: ORLANDO, FL 32801 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARDS H. FORD

MR.

08/28/2009

Electronic Signature of Signing Officer or Director

Date