

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001060 (1)

1. Corporation Name

CCF HEALTH CARE VENTURES, INC.



Principal Place of Business

Mailing Address

9555 ROCKSIDE ROAD
SUITE 300
VALLEY VIEW OH 44125

9555 ROCKSIDE ROAD
SUITE 300
VALLEY VIEW OH 44125

3. Date Incorporated or Qualified
03/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State*

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
34-1666844

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

ANDREW SERVICE CORPORATION OF FLORIDA
201 S. BISCAYNE BOULEVARD
SUITE 2800 MIAMI CENTER
MIAMI FL 33131

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO
NAME SCHAFER, CAROL L
STREET ADDRESS 9555 ROCKSIDE ROAD, SUITE 300
CITY - ST - ZIP VALLEY VIEW OH 44125 ☐ DELETE

TITLE S
NAME SCHAFER, CAROL L
STREET ADDRESS 9555 ROCKSIDE ROAD, SUITE 300
CITY - ST - ZIP VALLEY VIEW OH 44125 ☐ DELETE

TITLE V
NAME HARRINGTON, DANIEL J
STREET ADDRESS 9500 EUCLID AVENUE
CITY - ST - ZIP CLEVELAND OH 44195-5108 ☐ DELETE

TITLE T
NAME ROBERTS, KEVIN V
STREET ADDRESS 9500 EUCLID AVENUE
CITY - ST - ZIP CLEVELAND OH 44195-5108 ☐ DELETE

TITLE C
NAME SHERWIN, JOHN JR
STREET ADDRESS 9555 ROCKSIDE ROAD, SUITE 300
CITY - ST - ZIP VALLEY VIEW OH 44125 ☐ DELETE

TITLE D
NAME HILL, DAVID G
STREET ADDRESS 9555 ROCKSIDE ROAD, SUITE 300
CITY - ST - ZIP VALLEY VIEW OH 44125 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE CFO
12 NAME KAREN HENTERLY
13 STREET ADDRESS 9555 ROCKSIDE RD, STE 300
14 CITY - ST - ZIP VALLEY VIEW OH 44125 ☐ Change ☒ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP ☐ Change ☐ Addition

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

6-17-96 (316) 520-4515

CR2E034 (3/96)