

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 19 AM 9:04

DOCUMENT # **F95000001060**

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**



REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

34-1666844

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CFO	HENTERLY, KAREN	9555 ROCKSIDE ROAD, SUITE 300	VALLEY VIEW OH
S	SCHAFER, CAROL L	9555 ROCKSIDE ROAD, SUITE 300	VALLEY VIEW OH 44125
V	HARRINGTON, DANIEL J	9500 EUCLID AVENUE	CLEVELAND OH 44195
T	ROBERTS, KEVIN V	9500 EUCLID AVENUE	CLEVELAND OH 44195
C	SHERWIN, JOHN JR	9555 ROCKSIDE ROAD, SUITE 300	VALLEY VIEW OH 44125
D	HILL, DAVID G	9555 ROCKSIDE ROAD, SUITE 300	VALLEY VIEW OH 44125

8. Name and Address of Current Registered Agent

**ANDREW SERVICE CORPORATION OF FLORIDA
201 S. BISCAYNE BOULEVARD
SUITE 2900 MIAMI CENTER
MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name

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

500002353475--8

Suite, Apt. #, Etc.

11/20/97-01097-029

******236.25 ****236.25**

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Claudia M. Casey, Asst Secretary
REGISTERED AGENT MUST SIGN

Date **11/17/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Karen Henterly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/97 (216) 447-8640

Date

Daytime Phone #

CR2E040 (8/97)