FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 09 1998 8:00am Secretary of State

DOCUMENT #F95000001060								
CCF Health Care Ventures, Inc.								
Principal Place of Business Mailing Address								
9555 Rockside Road 5200 N.W. 33rd Ave.					3. Date Incorporated or Qualified			
Suite #300 Ft. Lauderdale, Valley View, OH 44125			FL 3330	09	03/03/199!	5		
valley			4. FEI Number 34-1666844		Applied Not Ap	d For opticable		
2. Principal Place of Business		2a. Mailing Address			5. Certificate of Status Desired		3.75 Addit Fee Require	
Suite, Apt. #, etc.		Suite, Apt. #, etc			6. Election Campaign Financing \$5.00 May Be			
22		27			Trust Fund Contribution			
City & Stat	e	City & State		ĺ	7. Is this nonprofit corporation a homeowners association?			
Zip	Country	Zip	Country		8. This corporation owes or has paid			ble
24	25	29 3	o]		Personal Property Tax due June 3			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent			
Andrew Service Corporation of Florida 81 Name								
	. Biscayne Bouley	s (P.O. Box Number is Not Acceptable	e)					
Suite 2900 Miami Center					· · · · · · · · · · · · · · · · · · ·			
Miami, FL 33131								
B4 City						FL 85	Zip Code	3
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-named	corpora	ation submits this statement for the pu		ging its reg	istered
Office or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	il Florida. Such change was autl ions of, Section 617.0503, Florid	horized by the corp la Statutes.	poration	is board of directors. I hereby accept	the appointme	ent as regis	tereo
SIGNATURE .								
12.	Signature typed or printed name of registered agent OFFICERS AND		legistered Agent signature	e required o	ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIRE	CTORS IN	12
TITLE	CFO	DELETE	1 1 TITLE	l				Addition
. NAME	Henterly, Karen	•	12 NAME					[]
STREET ADDRESS	ADDRESS 9555 Rockside Road, Suite 300							[]
CITY - ST - ZIP	Vallley View, OF	14 CITY-ST-ZIP						
TITLE	Secretary	☐ DELETE	21 1/11 E	CEC		K I 0	hange 🗀	Addition
NAME	Schaffer, Carol		2.2 NAME		mgruber, Jeff			
STREET ADDRESS CHTY-ST-ZIP	9555 Rockside RO Valley View, OH		2 4 CITY - ST - ZIP	Vai	5 Rockside Road ley View, OH 44	125uite	≥ 300	
TITLE	Vice President	DELETE	31 1/1[F	, , ,	10) (10%) 011 111			Addition
NAME	Harrington, Dani	lel J.	3.2 NAME					
STREET ADDRESS	9500 Euclid Aver	iue	3.3 STREET ADDRESS					
CITY-ST-ZIP	Cleveland, OH 44		3.4 CHY-S1-ZIP			——————————————————————————————————————		
TITLE	Treasurer	DELETE .	4.1 UTLE			□ c	nange 🔲	Addition
NAME	Roberts, Kevin V 9500 Euclid Aver	/•	4. 2 NAME					
STREET ADDRESS CITY-ST-ZIP	Cleveland, OH 44		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		······	CI	nange []	Add:tion
NAME	Chairman Sherwin, John JF		5.2 NAME				ょō	
STREET ADDRESS	9555 Rockside Ro	oad, Suite 300					<i>ز</i> ز ،)
CITY - ST - ZIP	Valley View, OH		5 4 CHY-ST-ZIP]			Ч	JY

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, ordin an attachment with an address.

61 TITLE

Director

Valley View, OH 44125

TITLE

Hill, David G. 9555 Rockside Road, Suite 300 63 STREEL ADDRESS

3/24/98 (216)447-8640

200002484600d

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