

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-29-2001 90097 024 ****61.25

DOCUMENT # N20332

1. Entity Name

BRCH HEALTH PLANS, INC.

Principal Place of Business

% BOCA RATON COMMUNITY HOSPITAL, INC.
800 MEADOWS RD
BOCA RATON FL 33486

Mailing Address

% BOCA RATON COMMUNITY HOSPITAL, INC.
800 MEADOWS RD
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0223615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MCGIBANY, SUSIE~~
% BOCA RATON COMMUNITY HOSPITAL, INC.
800 MEADOWS RD
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name PHILIP M. SPRINKLE, II, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
BOCA RATON COMMUNITY HOSPITAL, INC.
800 MEADOWS ROAD
City BOCA RATON FL Zip Code 33486

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.

SIGNATURE

PHILIP M. SPRINKLE, II, ESQ

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/01

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	TVD	<input checked="" type="checkbox"/> Delete
NAME	MCGIBANY, W. SUSIE	
STREET ADDRESS	745 MEADOWS ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	GUTZEIT, VONNIE	
STREET ADDRESS	745 MEADOWS ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	PIERCE, RANDOLPH	
STREET ADDRESS	745 MEADOWS ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CFO T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW MOORE	
STREET ADDRESS	10200 W. 15TH AVE. BOCA RATON, FL 33486	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 like empowered.

SIGNATURE:

RANDOLPH J. PIERCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDOLPH J. PIERCE PRES. & CEO

1-11-01 (561) 395-7100

Date

Daytime Phone #

CR2E037 (10/00)