

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0042140

DOCUMENT # N20332

1. Entity Name

BRCH HEALTH PLANS, INC.



03 APR 30 AM 11:14

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

4. FEI Number 65-0223615

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPRINKLE, PHILIP M II  
BOCA RATON COMMUNITY HOSPITAL, INC.  
800 MEADOWS RD  
BOCA RATON FL 33486

PAUL E. RISNER, ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
BOCA RATON COMMUNITY HOSPITAL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CPOD  
MOORE, MATTHEW  
745 MEADOWS ROAD  
BOCA RATON FL 33486 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500018460595  
05/07/03--01090--003 \*\*690.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/D  
GUTZEIT, VONNIE  
745 MEADOWS ROAD  
BOCA RATON FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
STRACK, GARY  
800 MEADOWS ROAD  
BOCA RATON FL 33486 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby 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 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:

SIGNATURE REQUIRED

4/15/03

CR2E037 (10/02)