

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90006 050 ****61.25

DOCUMENT # N94000000210

1. Entity Name

CLEVELAND CLINIC FLORIDA HEALTH CARE VENTURES A

Principal Place of Business

Mailing Address

**2950 WEST CYPRESS CREEK RD.
 FT LAUDERDALE FL 33309
 US**

**9500 EUCLID AVENUE M-14
 ATTN: LISA MAHER
 CLEVELAND OH 44195-0001**

30070411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0511486

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDREW SERVICE CORPORATION OF FLORIDA
 201 SOUTH BISCAYNE BLVD., SUITE 2900
 MIAMI CENTER
 MIAMI FL 33131-4330**

Name

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

City

FL

Zip Code

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **C**
 STREET ADDRESS **MOORE, DAN T III**
 CITY-ST-ZIP **9500 EUCLID AVE. M-14
 CLEVELAND OH 44195**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **SEE ATTACHED LIST.**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PCEO**
 STREET ADDRESS **WALSH, T. DECLAN**
 CITY-ST-ZIP **9500 EUCLID AVE. M-14
 CLEVELAND OH 44195**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **ROBERTS, KEVIN R**
 CITY-ST-ZIP **9500 EUCLID AVE. M-14
 CLEVELAND OH 44195**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **ROWAN, DAVID W**
 CITY-ST-ZIP **9500 EUCLID AVE. M-14
 CLEVELAND OH 44195**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **GORENSEK, MARGARET**
 CITY-ST-ZIP **2950 WEST CYPRESS CREEK ROAD
 FT LAUDERDALE FL 33309**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **MIXON, A. MALACHI III**
 CITY-ST-ZIP **9500 EUCLID AVENUE M-14
 CLEVELAND OH 44195**

TITLE ☐ Change ☐ 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)(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
DAVID W. ROWAN

216/444-3192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

NQ 4000000210
000 70411

**CLEVELAND CLINIC FLORIDA
HEALTH CARE VENTURES**

Officers and Trustees

1999-2000

Officers:

Medical Director and	
Chief Executive Officer	T. Declan Walsh, M.D.
Chief Operating Officer	Frank L. Lordeman
Chief Financial Officer	Dean R. Turner
Treasurer	Kevin V. Roberts
Secretary	David W. Rowan, Esq.

Trustees:

Dan T. Moore, Chairman
Victor W. Fazio, M.D.
David G. Hill, Esq.
Robert Kay, M.D.
Ian C. Lavery, M.D.
Floyd D. Loop, M.D.
A. Malachi Mixon, III
Samuel H. Miller
William C. Mulligan
Bill R. Sanford