

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90033 040 ***150.00

DOCUMENT # V37934

1. Corporation Name

CLEVELAND CLINIC FLORIDA HEALTH PLAN, INC.

Principal Place of Business

600 W HILLSBORO BLVD
210
DEERFIELD BCH FL 33441
US

Mailing Address

600 W. HILLSBORO BLVD.
SUITE 210
DEERFIELD BCH FL 33441
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1992

4. FEI Number

65-0338016

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 2900 W. Cypress Creek Rd

2a. Mailing Address

26 2900 W. Cypress Creek Rd

Suite, Apt. #, etc.

22 Suite 103

Suite, Apt. #, etc.

27 Suite 103

City & State

23 Ft. Lauderdale, FL

City & State

28 Ft. Lauderdale, FL

Zip

24 33309

Country

25 USA

Zip

29 33309

Country

30 USA

9. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA
201 SOUTH BISCAYNE BOULEVARD
MIAMI CENTER-SUITE 2900
MIAMI FL 33131-4330

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME ATTARIAN, DAVID E. M
STREET ADDRESS 3000 W CYPRESS CREEK RD
CITY-ST-ZIP FT LAUDERDALE FL

TITLE SD
NAME EPSTEIN, STEVEN B.
STREET ADDRESS 1227 25TH ST. N.W. #700
CITY-ST-ZIP WASHINGTON DC

TITLE TD
NAME LONDON, ALAN E. M
STREET ADDRESS 9500 EUCLID AVE.
CITY-ST-ZIP CLEVELAND OH

TITLE VCD
NAME LORDEMAN, FRANK L.
STREET ADDRESS 9500 EUCLID AVE
CITY-ST-ZIP CLEVELAND OH

TITLE PC
NAME MOON, HARRY K. M
STREET ADDRESS 3000 W CYPRESS CREEK RD
CITY-ST-ZIP FT LAUDERDALE FL

TITLE EDO
NAME HARRISON, LARRY J.
STREET ADDRESS 600 W HILLSBORO BLVD STE 210
CITY-ST-ZIP DEERFIELD BEACH FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/99 (954) 918 1000

CR2E034 (11/98)