

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #

V 37934

1. Entity Name

CLEVELAND CLINIC FLORIDA HEALTH PLAN, INC.

FILED

00 DEC 13 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2900 W. CYPRESS CREEK RD  
#103

SAME

FORT LAUDERDALE, FL 33309

2. Principal Place of Business

3. Mailing Address

1900 W. CYPRESS CREEK RD

2900 W. CYPRESS CREEK RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

103

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33309

Country

U.S.A.

Zip

33309

Country

U.S.A.

6. Name and Address of Current Registered Agent

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

4. FEI Number

65-0332016

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW WITH FEE IS \$150.00  
FIRST MAY 1, 2000 Fee will be \$500.00  
Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

OFFICERS AND DIRECTORS

TITLE	D	ATTARIAN, DAVID G M	<input checked="" type="checkbox"/> Delete
NAME		3000 W. CYPRESS CREEK RD	
STREET ADDRESS		FT LAUDERDALE, FL	
CITY-ST-ZIP		SD	<input type="checkbox"/> Delete
TITLE		EPSTEIN, STEVEN B	
NAME		1227 25TH ST. N.W. #200	
STREET ADDRESS		WASHINGTON, DC	
CITY-ST-ZIP			
TITLE	TD	LONDON, ALAN G.M.	<input type="checkbox"/> Delete
NAME		9500 EUCLID AVE.	
STREET ADDRESS		CLEVELAND OH	
CITY-ST-ZIP			
TITLE	VCD	LODEMAN, FRANK L	<input type="checkbox"/> Delete
NAME		9500 EUCLID AVE	
STREET ADDRESS		CLEVELAND OH	
CITY-ST-ZIP			
TITLE	PC	MOON, HARRY K M	<input type="checkbox"/> Delete
NAME		3000 W. CYPRESS CREEK RD	
STREET ADDRESS		FT LAUDERDALE FL	
CITY-ST-ZIP			
TITLE	EDU	HARRISON, LARRY J	<input checked="" type="checkbox"/> Delete
NAME		600 W. HILLSBORO BLVD STE 210	
STREET ADDRESS		DEERFIELD BEACH FL	
CITY-ST-ZIP			

12.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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T8

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/99)

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CLEVELAND CLINIC FLORIDA  
HEALTH NETWORK



Office: 954/956-6000

November 29, 2000

Department of State  
Divisions of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Dear Sir or Madam,

Cleveland Clinic Florida Health Plan sent in the Annual Corporate Report along with the stated fees before May 1, 2000. It was returned to us on May 31, 2000 because the check was not signed. We signed the check and sent it out to you overnight on June 15, 2000. After receiving this Notice of Administrative Dissolution or Revocation I called and was told to send in another check for \$150.00, and a explanation of what happened so that the penalty of \$600.00 will be waived. I have also tried to track the package through airborne, with no luck. So we are issuing another check for the amount of \$150.00, a copy of your letter, a copy of the report and a copy of the check. Please send us a confirmation of reinstatement.

Thank you,

Delores Washington