

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V37934**

1. Entity Name

CLEVELAND CLINIC FLORIDA HEALTH PLAN, INC.

FILED V37934

02 JUL 11 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2900 W CYPRESS CREEK RD

SUITE #103

FT LAUDERDALE FL 33309

US

2900 W CYPRESS CREEK RD

SUITE #103

FT LAUDERDALE FL 33309

US

2. Principal Place of Business

2950 Cleveland Clinic Blvd.

3. Mailing Address

9500 Euclid Avenue, TT-33

Suite, Apt. #, etc.

Attn: Lisa Maher

City & State

Cleveland, OH 44195

Zip

Country

City & State

City

State

Zip

Country

4. FEI Number

65-0338016

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA

201 SOUTH BISCAYNE BOULEVARD

MIAMI CENTER-SUITE 2900

MIAMI FL 33131-4330

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!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|-----------------------------|-------------------------------------|---------------------------|-------------------------------------|
| | D | | | <input checked="" type="checkbox"/> |
| | ATTARIAN, DAVID E. M | 3000 W CYPRESS CREEK RD | FT LAUDERDALE FL | |
| | SD | | | <input checked="" type="checkbox"/> |
| | EPSTEIN, STEVEN B. | 1227 25TH ST. N.W. #700 | WASHINGTON DC | |
| | TD | | | <input type="checkbox"/> |
| | LONDON, ALAN E. M | 9500 EUCLID AVE. | CLEVELAND OH | |
| | VCD | | | <input type="checkbox"/> |
| | LORDEMAN, FRANK L. | 9500 EUCLID AVE | CLEVELAND OH | |
| | PC D | | | <input type="checkbox"/> |
| | MOON, HARRY K. M | 3000 W CYPRESS CREEK RD | FT LAUDERDALE FL | |
| | EDO | | | <input checked="" type="checkbox"/> |
| | HARRISON, LARRY J. | 600 W HILLSBORO BLVD STE 210 | DEERFIELD BEACH FL | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE | ADDITION |
|-------|------------------------|------------------------|----------------------------|--------------------------|--------------------------|
| | S David W Rowan | 9500 Euclid Ave | Cleveland, OH 44195 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

CR25034 (9/01)

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:

David W. Rowan

216/444 2100