
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

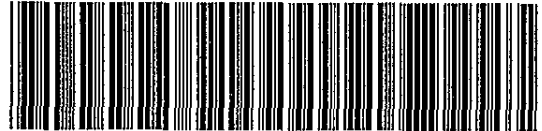
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CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
94 MAY -1 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name CLEVELAND CLINIC FLORIDA HEALTH PLAN, INC.		DOCUMENT # V37934 (9)	
Mailing Address 16 FLOOR DIAMOND BLDG 1100 SUPERIOR AVE CLEVELAND OH 44114 US		Principal Place of Business 600 W HILLSBORO BLVD 210 DEERFIELD BCH FL 33441 US	
If above addresses are incorrect in any way, line through incorrect information and enter correct ones below.			
2. Mailing Address 21		2a. Principal Place of Business 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Country 25	
Country 29		Country 30	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301			
10. Name and Address of New Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET 83 SUITE 105 84 City TALLAHASSEE FL 85 Zip Code 32301			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 and I hereby accept the appointment as registered agent. I am familiar with, and I accept the provisions of, Section 607.0505 or 617.0503, Florida Statutes. SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when registering.)			
12. OFFICERS AND DIRECTORS			
11 TITLE D		11 TITLE	
12 NAME BUNDGUS BURT		12 NAME	
13 STREET ADDRESS 1100 SUPERIOR AVE 16 FLOOR		13 STREET ADDRESS	
14 CITY-ST-ZIP CLEVELAND OH		14 CITY-ST-ZIP	
21 TITLE D		21 TITLE	
22 NAME EPSTEIN, STEVEN B.		22 NAME	
23 STREET ADDRESS 1227 25TH ST. N.W. #700		23 STREET ADDRESS	
24 CITY-ST-ZIP WASHINGTON DC		24 CITY-ST-ZIP	
31 TITLE D		31 TITLE	
32 NAME LOOP, FLOYD D.		32 NAME	
33 STREET ADDRESS 9500 EUCLID AVE.		33 STREET ADDRESS	
34 CITY-ST-ZIP CLEVELAND OH		34 CITY-ST-ZIP	
41 TITLE P		41 TITLE	
42 NAME HEALY, PATRICK M.		42 NAME	
43 STREET ADDRESS 600 W. HILLSBORO BLVD. #210		43 STREET ADDRESS	
44 CITY-ST-ZIP DEERFIELD BEACH, FL 33441		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	
13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE		11 TITLE	
12 NAME		12 NAME	
13 STREET ADDRESS		13 STREET ADDRESS	
14 CITY-ST-ZIP		14 CITY-ST-ZIP	
21 TITLE		21 TITLE	
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY-ST-ZIP		24 CITY-ST-ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief. I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, and I do not want that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and correct to the best of my knowledge and belief. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 71, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <u>BURT BUNDGUS</u> 4/22/94 216-479-2030 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			