(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CORPORATION ANNUAL REPORT 199[illegible]

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)

DO NOT WRITE IN THIS SPACE

Mailing Address	Principal Place of Business
16 FLOOR DIAMOND BLDG	600 W HILLSBORO BLVD
1100 SUPERIOR AVE	210
CLEVELAND OH 44114	DEERFIELD BCH FL 33441
US	US

If above addresses are incorrect in any way, line through incorrect information and enter corrections 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)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 05/20/1992
3a. Date of Last Report: 05/01/1993
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
7. Nonprofit Exempt from $.38.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301	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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.*

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	TITLE	
12 NAME	BUNDGUS BURT	NAME	
13 STREET ADDRESS	1100 SUPERIOR AVE 16 FLOOR	STREET ADDRESS	
14 CITY-ST-ZIP	CLEVELAND OH	CITY-ST-ZIP	
21 TITLE	D	TITLE	
22 NAME	EPSTEIN, STEVEN B.	NAME	
23 STREET ADDRESS	1227 25TH ST. N.W. #700	STREET ADDRESS	
24 CITY-ST-ZIP	WASHINGTON DC	CITY-ST-ZIP	
31 TITLE	D	TITLE	
32 NAME	LOOP, FLOYD D.	NAME	
33 STREET ADDRESS	9500 EUCLID AVE.	STREET ADDRESS	
34 CITY-ST-ZIP	CLEVELAND OH	CITY-ST-ZIP	
41 TITLE	P	TITLE	
42 NAME	HEALY, PATRICK M.	NAME	
43 STREET ADDRESS	600 W. HILLSBORO BLVD. #210	STREET ADDRESS	
44 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	CITY-ST-ZIP	
51 TITLE		TITLE	
52 NAME		NAME	
53 STREET ADDRESS		STREET ADDRESS	
54 CITY-ST-ZIP		CITY-ST-ZIP	
61 TITLE		TITLE	
62 NAME		NAME	
63 STREET ADDRESS		STREET ADDRESS	
64 CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event 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 accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, 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: [signature] BURT BUNDGUS 4/22/94 216-479-2030
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #