

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90039 044 ***150.00

DOCUMENT # V37934

1. Entity Name
CLEVELAND CLINIC FLORIDA HEALTH PLAN, INC.



Principal Place of Business
**2950 CLEVELAND CLINIC BLVD.
WESTON, FL 33331 US**

Mailing Address

44050157

2. Principal Place of Business

3. Mailing Address
1950 Richmond Rd., TR-38

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Attn: Kerrie Krizner

07072004

Chg-P

CR2E034 (10/03)

City & State

City & State
Lyndhurst, OH

4. FEI Number
65-0338016

Applied For
Not Applicable

Zip

Country

Zip
44124

Country
USA

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
TAMPA, FL 33602-5164**

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: I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROWAN, DAVID W
9500 EUCLID AVE.
CLEVELAND, OH 44195** ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 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

David W. Rowan, Secy.

Date

7/9/04

216/297-7000

Daytime Phone #