1 of 2

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 APR 28 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V37934

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

Principal Place of Business	Mailing Address
2950 CLEVELAND CLINIC BLVD. WESTON, FL 33331 US	1950 RICHMOND RD TR-38 ATTN: KERRIE KRIZNER LYNDHURST, OH 44124

04132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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	7. Name and Address of New Registered Agent
ANDREW SERVICE CORPORATION OF FLORIDA 201 N FRANKLIN STREET STE 2100 TAMPA, FL 33602	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	VC/D Michael P. O'Boyle 9500 Euclid Avenue Cleveland, OH 44195	☐ Change ☒ Addition
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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD LORDEMAN, FRANK L. 9500 EUCLID AVE CLEVELAND, OH	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO COSGROVE, DELOS M.D. 9500 EUCLID AVE. H-18 CLEVELAND, OH 44195	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	70007273017	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MIXON, A. MALACHI III 9500 EUCLID AVE. CLEVELAND, OH 44195	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4/19/06 216/444-3197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY®

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ACCOUNT NO. : 072100000032

REFERENCE : 069831 7402817

AUTHORIZATION : [signature]

COST LIMIT : $ 158.75

ORDER DATE : April 27, 2006

ORDER TIME : 8:38 AM

ORDER NO. : 069831-025

CUSTOMER NO: 7402817

ANNUAL REPORT FILING

NAME: CLEVELAND CLINIC FLORIDA
HEALTH PLAN, INC.

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DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young-EXT#2962

EXAMINER'S INITIALS: _____