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
2950 CLEVELAND CLINIC BLVD.
WESTON, FL 33331 US

Mailing Address
1950 RICHMOND RD TR-38
ATTN: KERRIE KRIZNER
LYNDHURST, OH 44124

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

04132006 Chg-P CR2E034 (11/05)

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 N FRANKLIN STREET
STE 2100
TAMPA, FL 33602

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 reinstated) DATE

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	S ☐ Delete	TITLE	VC/D ☐ Change ☒ Addition
NAME	ROWAN, DAVID W	NAME	Michael P. O'Boyle
STREET ADDRESS	9500 EUCLID AVE.	STREET ADDRESS	9500 Euclid Avenue
CITY-ST-ZIP	CLEVELAND, OH 44195	CITY-ST-ZIP	Cleveland, OH 44195
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LONDON, ALAN E. M	NAME	
STREET ADDRESS	9500 EUCLID AVE.	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, OH	CITY-ST-ZIP	
TITLE	VCD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	LORDEMAN, FRANK L.	NAME	
STREET ADDRESS	9500 EUCLID AVE	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, OH	CITY-ST-ZIP	
TITLE	CEO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COSGROVE, DELOS M.D.	NAME	700072738017
STREET ADDRESS	9500 EUCLID AVE. H-18	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, OH 44195	CITY-ST-ZIP	
TITLE	C ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MIXON, A. MALACHI III	NAME	
STREET ADDRESS	9500 EUCLID AVE.	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, OH 44195	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

282

ACCOUNT NO. : 072100000032

REFERENCE : 069831 7402817

AUTHORIZATION :

COST LIMIT : $ 158.75

ORDER DATE : April 27, 2006

ORDER TIME : 8:38 AM

ORDER NO. : 069831-025

CUSTOMER NO: 7402817

ANNUAL REPORT FILING

RECEIVED
06 APR 28 AM 10:44
DIVISION OF CORPORATION

NAME: CLEVELAND CLINIC FLORIDA
HEALTH PLAN, INC.

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: _____