

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

07 APR 30 AM 9:39

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192007

Chg-P

CR2E034 (12/06)

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

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE VCD ☐ Delete
NAME O'BOYLE, MICHAEL P
STREET ADDRESS 9500 EUCLID AVE
CITY-ST-ZIP CLEVELAND, OH

TITLE CEO ☐ Delete
NAME COSGROVE, DELOS M.D.
STREET ADDRESS 9500 EUCLID AVE. H-18
CITY-ST-ZIP CLEVELAND, OH 44195

TITLE C ☒ Delete
NAME MIXON, A. MALACHI III
STREET ADDRESS 9500 EUCLID AVE.
CITY-ST-ZIP CLEVELAND, OH 44195

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

000099892940

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David W Rowan

Date

216-297-7071

Daytime Phone #



CORPORATION SERVICE COMPANY

20f2

ACCOUNT NO. : 0721000000032

REFERENCE : 864362 7402817

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 150.00

ORDER DATE : April 23, 2007

ORDER TIME : 12:32 PM

ORDER NO. : 864362-020

CUSTOMER NO: 7402817

ANNUAL REPORT FILING

NAME: CLEVELAND CLINIC FLORIDA
HEALTH PLAN, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 APR 30 PM 3:20
TO ACKNOWLEDGE
SUFFICIENCY OF FILING