

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V37934**

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



FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90183 003 ***150.00

0648028
AT

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

Mailing Address
**9500 EUCLID AVE., TT-33
ATTN: LISA MAHER
CLEVELAND OH 44195**

11010213



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 SOUTH BISCAYNE BOULEVARD
MIAMI CENTER-SUITE 2900
MIAMI FL 33131-4330**

Name
Andrew Service Corporation of Florida
Street Address (P.O. Box Number is Not Acceptable)
201 N. Franklin Street, Suite 2100
City **Tampa** FL Zip Code **33602-5164**

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

Penelope M. Myers

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

(NOTE: Registered Agent signature required when reinstating)

4/21/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

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

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

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

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

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

TITLE ☒ Delete
NAME **PCD MOON, HARRY K. M**
STREET ADDRESS **3000 W CYPRESS CREEK RD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
NAME **None**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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, without other like empowered.

SIGNATURE: *David W. Rowan* **David W. Rowan, Secretary** 216/444-2340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)