



2009 MAR -5 AM 11:20

### Application for Board of Trustees Position

The information submitted will be used by the Board of Governors in considering action on your application. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Completed applications should be sent to the attention of Dr. Krista Kahn, Board of Governors, 325 W. Gaines Street, Suite 1614, Tallahassee, FL 32399-0400. Please type or print.

If appointed, you will be required to file financial disclosure statements.

3/3/09

Date Completed

1. Name: CARUNCHO, JOSEPH LOUIS  
Last First Middle and/or (Maiden)

2. University Board of Interest: BOARD OF TRUSTEES

Are you applying for reappointment? Yes  No

3. Residence Address: [Redacted]  
Street City County

4. Current Employer or Occupation: CEO/PREFERRED CARE PARTNERS

Business Address: 9100 S. DADELAND BLVD./1250, MIAMI  
Street Office#/Suite City

33156 305-670-8440  
Post Office Box Suite Zip Code Area Code/Phone Number

E-mail Address: jlc@mypreferredcare.com

5. Specify the preferred mailing address: Business  Home  Fax # \_\_\_\_\_

6. List all places of residence for the past five (5) years.  
Address City and State From To  
[Redacted]

7. List all former and current residences outside of Florida that you have maintained at any time during adulthood.  
Address City and State From To  
N/A

8. Date of Birth: 4-11-58 \* Place of Birth: CUBA

9. Social Security No.: [REDACTED] \*

10. Driver License No.: [REDACTED] \* Issuing State: FL

11. Have you ever used or been known by any other legal name? Yes  No  If "Yes" explain.  
JOSE LUIS CARUNCHO, before  
NATURALIZATION AS U.S. CITIZEN

12. Are you a United States citizen? Yes  No  If "No" explain.

13. If you are a naturalized citizen, date of naturalization: MARCH 15, 1977

14. Since what year have you been a continuous resident of Florida? 1962

15. Are you a registered Florida voter? Yes  No  If "Yes" list:  
County of Registration MIAMI-DADE

16. Education:  
A. High School: HIALEAH SENIOR Year Graduated: 1976  
(Name and Location)

B. List all postsecondary educational institutions attended:

Name and Location	Date Attended	Certificates/Degrees Received
<u>MIAMI DADE COLLEGE</u>	<u>1976-1978</u>	<u>AA</u>
<u>FIU</u>	<u>1978-1981</u>	<u>BBA-FINANCE</u>
<u>NOVA SOUTHEASTERN</u>	<u>1981-1985</u>	<u>JURIS DOCTOR</u>

17. Are you or have you ever been a member of the United States armed forces? Yes  No   
If "Yes" list:  
A. Dates of service: \_\_\_\_\_  
B. Branch or component: \_\_\_\_\_  
C. Date and type of discharge: \_\_\_\_\_

\* Will be redacted before distribution occurs.

18. Have you ever been arrested, charged, or indicted for violation of any federal, state, county or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

Date	Place	Nature	Disposition
1/09	CORAL GABLES	DUI	PENDING RESOLUTION*
*BASED ON INITIAL PROCEEDINGS, EXPECT DISMISSAL OF CASE.			

19. Concerning your current employer and for all of your employment, including self-employment, during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment:

Employer Name and Address	Type of Business	Occupation/Title	Period of Employment
PCP 9100 SOUTH DADELAND BLVD. / #1250, MIAMI, FL 33156	HMO	CEO	1998 - PRESENT

20. Have you ever been employed by any state, district, or local government agency in Florida? Yes  No  If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment, and reason for leaving:

Position	Employing Agency	Period of Employment
LEGAL INTERN	U.S. SECURITIES & EXCHANGE COMMISSION	05/84 - 08/84*
* LEFT UPON COMPLETING INTERNSHIP		

21. State your experiences and interests or elements of your personal history that qualify you for this appointment.

SEE ADDENDUM "A"

22. Have you received any degree(s), professional certification(s) or designation(s) including awards related to the subject matter of this appointment? Yes  No  If "Yes", list:

- JURIS DOCTOR DEGREE
- LICENSED ATTORNEY IN FLORIDA
- AWARDS - SEE ADDENDUM "A"

23. Identify all association memberships and association offices held by you that relate to this appointment:

MEMBER, FL. BAR; CHAIRMAN, FIU FOUNDATION BOARD; MEMBER, MERCY HOSPITAL FOUNDERS SOCIETY; CHAIR (PAST), FLORIDA PREVENT BLINDNESS, BOARD OF GOVERNORS; MEMBER, FIU COLLEGE OF MEDICINE FOUNDERS SOCIETY; CHAIR, FIU COLLEGE OF BUSINESS DEANS COUNCIL.

24. Do you currently hold an office or position (appointive, civil service, or other) with the Federal or any foreign government? Yes  No  If "Yes", please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district or state):

Office Title                      Date of Election or Appointment                      Term of Office                      Level of Government

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your service was on an appointed board(s), committee(s) or council(s):

- A. How frequently were meetings scheduled? \_\_\_\_\_
- B. If you missed any of the regularly scheduled meetings, state the number of meetings attended, number missed, and the reason(s) for absence(s).

Meetings Attended                      Meetings Missed                      Reason for Absence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Have you ever served on any profit or not-for-profit board? Yes  No

If "Yes", state the title, date of appointment, length of service, and provide a brief description of your involvement.

SEE ADDENDUM "B"

\_\_\_\_\_  
\_\_\_\_\_

27. Have you ever been responsible or played a role in managing a business or other corporate entity? Yes  No  If "Yes", state the name of the business, the dates of your involvement, and provide a brief description of your involvement.

FOUNDER; CHAIRMAN & CEO OF PREFERRED CARE PARTNERS  
(SEE ADDENDUM "A")

\_\_\_\_\_  
\_\_\_\_\_

28. Describe any involvement with and/or relationship to the university to which you are applying or any other educational institution with which you are/were affiliated (other than as a student).

CHAIRMAN, FIU FOUNDATION BOARD; CHAIR, FIU COLLEGE OF BUSINESS  
DEAN'S COUNCIL; MEMBER, COLLEGE OF MEDICINE FOUNDERS; MEMBER,  
PRESIDENTIAL SEARCH COMMITTEE; DONOR, VARIOUS INITIATIVES AND  
SCHOLARSHIPS; "OWNER", SKYBOX AT FOOTBALL STADIUM

29. Describe your understanding of the role of a board of trustee member in ensuring the fiduciary and academic well-being of the university.

BOT HAS ULTIMATE RESPONSIBILITY FOR GOVERNANCE OF  
FIU, INCLUDING FISCAL SOUNDNESS, ACADEMIC  
EXCELLENCE, RESEARCH, AND ACCESS FOR SOUTH  
FLORIDA COMMUNITY.

30. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

Date

Nature of Violation

Disposition

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Have you ever been suspended from any office by the Governor of the State of Florida?

Yes  No  If "Yes", list:

Title of Office \_\_\_\_\_ Reason for Suspension: \_\_\_\_\_

Date of suspension: \_\_\_\_\_ Result: Reinstated  Removed  Resigned

32. Have you previously been appointed to any office that required confirmation by the Florida Senate?

Yes  No  If "Yes", list:

Title of Office: \_\_\_\_\_

Term of Appointment: \_\_\_\_\_

Confirmation results: \_\_\_\_\_

33. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No

If "Yes", explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, and/or disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

License/Certificate Title & Number	Original Issue Date	Issuing Authority	Disciplinary Action/Date
FL. BAR 0475262	1985	FL. SUPREME COURT	N/A
OCC. LICENSE # 304305-6	ANNUAL	MIAMI-DADE	N/A

35. Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the university to which you have been appointed or are seeking appointment? Yes  No \* If "Yes", explain:

Name of Business	Your Relationship to Business	Business' Relationship to University
* CLARIFICATION - OTHER THAN DONOR AGREEMENTS RELATING TO SUPPORT OF FIU, PERSONALLY AND THROUGH PREFERRED CARE PARTNERS		

36. Have members of your immediate family (spouse, child, parent(s), sibling(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the university to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

Name of Business	Family Member's Relationship to you	Family Member's Relationship to Business	Business' Relationship to University

37. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five years? Yes  No  If "Yes", explain:

- A. Did you receive any compensation other than reimbursement for expenses? Yes  No
- B. Name of agency or entity you lobbied and the principals you represented:

Agency Lobbied	Principals Represented

38. List three persons who have known you well during the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

<u>Name</u>	<u>Mailing Address</u>	<u>Zip Code</u>	<u>Area Code/Telephone Number</u>
AL CARDENAL,	215 S. MONROE ST., TALLAHASSEE, FL	32301	850-222-2900
DANNY PONCE	1111 BRICKER AVE, #2150, MIAMI	33131	305-444-9991
TODD LEGON	5901 SW 105 ST., PINECREST, FL	33156	305-773-5634

39. Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

Name                                      Mailing Address                                      Office(s) Held & Term                                      Date(s) of Membership

SEE ADDENDUM "C"

40. Do you know of any reason why you will not be able to attend fully the duties of the position to which you have been or will be appointed? Yes  No  If "yes", explain:

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41. Are you now, or have you within the past three years, been a member of any club or organization that, to your knowledge, in practice or in policy, restricts membership or restricted membership during the time that you belonged, on the basis of race, religion, national origin or gender?

Yes  No  If "yes", detail the name and nature of the organization, relevant policies and practices, and state whether you intend to continue as a member if appointed by the Board of Governors.

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42. Have you ever been the object of any equal employment opportunity complaint or any civil action based upon discrimination in the work place? Yes  No  If "yes", explain and provide details of the outcome:

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43. Are there any pending lawsuits against you or are you a party to a lawsuit in any court in which you are the plaintiff or defendant? Yes  No  If "yes", what type and where?

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44. Have any judgments been entered against you as a result of any civil or administrative proceeding(s)? Yes  No  If "yes", identify the proceeding(s) that resulted in the judgment and the date the judgment was entered.

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45. Are you now engaged in activities, or have you engaged in activities in the past, that will reflect unfavorably on the board to which you seek appointment? Yes  No  If "yes", please explain.

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46. Is there anything that you were not questioned about in your application that you should make known to us at this time that impugns your integrity, character and fitness for the position you are seeking? Yes  No  If "yes", please explain.

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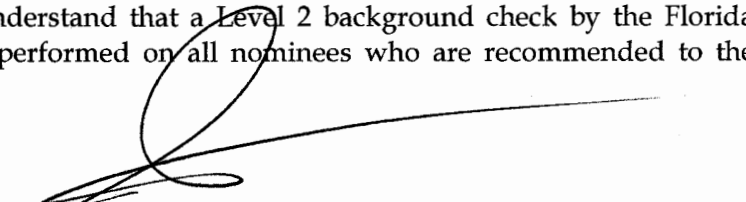
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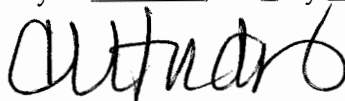
CERTIFICATION

STATE OF FLORIDA, COUNTY OF MIAMI - DADE

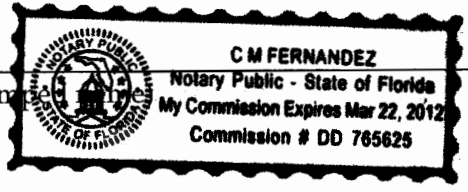
Before me, the undersigned authority, personally appeared JOSEPH L. CARUNCHO, SR who after being duly sworn, say: 1) that he/she has carefully prepared or read the answers to the foregoing question; 2) that the information contained in said answers is complete and true; 3) that he/she will, as an appointee, fully support the Constitutions of the United States and the State of Florida. Be it further known that in signing this document I understand that a Level 2 background check by the Florida Department of Law Enforcement will be performed on all nominees who are recommended to the Florida Board of Governors.

  
\_\_\_\_\_  
Affiant's signature

Sworn to and subscribed before me on this 4th day of March, 2009, by Joseph Caruncho

  
\_\_\_\_\_  
(signature of notary)

\_\_\_\_\_  
(typed, printed or stamped)  
Notary Public  
Commission No.:  
My Commission Expires:



Personally Known  OR Produced Identification   
Type of Identification Produced \_\_\_\_\_

MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.

Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE GENERAL COUNSEL FOR THE BOARD OF GOVERNORS.

Vikki R. Shirley  
General Counsel  
Board of Governors  
State University System of Florida  
325 W. Gaines Street, Suite 1614  
Tallahassee, FL 32399-0400  
(850) 245-0466

## **Addendum A**

### **Joseph Caruncho Chief Executive Officer Preferred Care Partners, Inc.**

Joseph Caruncho is chief executive officer of Preferred Care Partners. Preferred Care Partners owns and operates the largest privately owned Medicare advantage plan in South Florida. Their unique operating model is based upon creating collaborative relationships with physicians and other providers, with a focus on membership retention through customer outreach and education as a platform for case and disease management. The company has grown to over \$340 million in annualized revenues. The Company is headquartered in Miami, Florida, and serves over 25,000 Medicare enrollees in South Florida. For thirteen years prior to founding the company, Mr. Caruncho was a corporate healthcare attorney, with a focus on working with health providers to help them identify strategic opportunities. Mr. Caruncho holds a Juris Doctor degree from Nova Southeastern University and a Bachelor of Business Administration degree from Florida International University (FIU). Mr. Caruncho was named the Florida 2005 Ernst & Young Entrepreneur of the Year in the category of Healthcare. In 2004, he was named to the FIU, College of Business, Entrepreneurship Hall of Fame and was recognized by the South Florida Business Journal as a Heavy Hitter in Healthcare. Recently, Mr. Caruncho has received the South Florida Business Journal Excellence in Healthcare Award in the category of CEO of the Year. Hispanic Business Magazine recently listed Mr. Caruncho in its Top 100 Most Influential Hispanics in the United States. Mr. Caruncho serves as Chairman of FIU's Board of Directors.

## **Addendum B**

### *Question 26*

Prevent Blindness, Florida Board of Governors. Served on Board for 3 years in mid 1990's, including one term as Chairman.

Mercy Hospital Ambassadors, served as member from 2003 to present.

## **Addendum C**

### *Question 39*

Chairman, Preferred Care Partners Board of Directors, 1998 to present

Member, Vice-Chair and now Chairman, FIU Foundation Board of Directors

Member, Board of Directors, Mercy Hospital Ambassadors, 2003 to present

Member, FIU Alumni Association Board of Directors, 2004 to 2007

Florida Bar, Active Member in Good Standing, 1985 – present

Social Member, Ocean Reef Club, 2008 to present

Member, Doral Golf Resort and Spa, 2005 to present