STATE UNIVERSITY SYSTEM of FLORIDA
Board of Governors

Application Form
University Board of Trustees Position
State University System of Florida

Name: Maury (Last) Albert (First) Raphael (Middle and/or Maiden) **Date Completed:** 10/29/2010

INSTRUCTIONS

The information submitted will be used by the Board of Governors in considering action on your application. If appointed, please be advised that your appointment is subject to confirmation by the Florida Senate and you will be required to file an annual financial disclosure statement with the Florida Commission on Ethics.

Please type or print clearly. Please do not leave any questions blank - answer "none" or "not applicable" where appropriate.

All applications must be signed and witnessed by a Notary. Submit the original completed application via mail, email, or facsimile by the posted deadline to:

State University System of Florida, Board of Governors
325 W. Gaines Street, Suite 1614
Tallahassee, FL 32399-0400
Fax 850.245.9685 Chancellor@flbog.edu

PLEASE NOTE: any application submitted by facsimile or email must be received by the posted deadline and followed by the original signed application to above address.

EXCLUSIONS

The following conditions exclude eligibility for appointment as a University Board of Trustee member.

Registered Lobbyist: No ☑ Yes ☐ **Dual Office Holding:** No ☑ Yes ☐

Authority:
Section 112.313(17), Florida Statutes, prohibits any citizen member of a university board of trustees from having any employment or contractual relationship as a legislative lobbyist requiring annual registration under section 11.045, Florida Statutes.

Article II, section 5(a) of the Florida Constitution prohibits any person from holding more than one office under the government of the state, counties, and municipalities at the same time, except for certain exclusions stated therein (notary public, military officer, member of a statutory body having only advisory powers, etc.)

EXEMPTION FROM PUBLIC RECORDS

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS THAT MAY BE VIEWED UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR CERTAIN 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
State University System of Florida, Board of Governors
325 W. Gaines Street, Suite 1614
Tallahassee, FL 32399-0400
(850) 245-0466

PERSONAL INFORMATION

Name: Maury (Last) Albert (First) Raphael (Middle and/or Maiden) **Date Completed:** 10/29/2010

1. **University Board of Interest:** Are you applying for reappointment? Yes ☑ No ☐

FAMU ☐ FAU ☐ FGCU ☐ FIU ☑ FSU ☐ NCF ☐ UCF ☐ UF ☐ UNF ☐ USF ☐ UWF ☐

2. **Residence Address:** [redacted] (Street) Pinecrest (City) FL (State) Miami-Dade (County) 33156 (Zip Code)

305-668-7154 (Area Code/Phone) 305-986-0282 (Cell Phone)

3. **Current Employer or Occupation:** President/CEO of Leon Medical Center Health Plans

Business Address: 11401 SW 40th Street (Street) Suite 400 (Office) Miami (City) FL (State)

Post Office Box Suite Zip Code 305-644-2135 (Area Code/Phone Number)

albert.maury@lmchealthplans.com (E-mail Address)

4. **Specify the preferred mailing address:** Business ☑ Home ☐ Fax # 305-631-5887

5. **List all places of residence for the past five (5) years.**

Address	City and State	From	To
[redacted]	Pinecrest, Florida		12/2007-Present
9605 SW 121 Street	Miami, Florida		12/2003-12/2007

6. **List all former and current residences outside of Florida that you have maintained at any time during adulthood.**

Address	City and State	From	To
Bimini Bay Resort, Unit 5070	Bimini, Bahamas		11/2007- Present

7. **Date of Birth:** [redacted] * **Place of Birth:** Topeka, Kansas *

8. **Social Security No.:** [redacted] *

9. **Driver License No:** [redacted] * **Issuing State:** Florida *

*ALL INFORMATION MARKED WITH AN ASTERIK IS REQUIRED FOR CONDUCTING BACKGROUND SCREENING AND WILL BE REDACTED PRIOR TO DISTRIBUTION OF THE APPLICATION TO THE TRUSTEE NOMINATING COMMITTEE MEMBERS. REFER TO ATTACHED NOTICE ON USE OF SOCIAL SECURITY NUMBERS.

10. **Have you ever been known by any other legal name?** Yes☐ No☑ If "Yes" explain.

11. **Are you a United States citizen?** Yes☑ No☐ If "No" explain.

12. **If you are a naturalized citizen, date of naturalization:** _____

13. **Since what year have you been a continuous resident of Florida?** 1970

14. **Are you a registered Florida voter?** Yes☑ No☐

15. **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

16. **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

17. **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☐

18. **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?
Defendant in a civil lawsuit regarding a real estate transaction that did not close in the state of Florida

19. **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.

20. **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", explain.

21. **Have you ever been refused a fidelity, surety, performance, or other bond?** Yes☐ No☑
If "Yes", explain.

EDUCATION, LICENSURE, MEMBERSHIPS

22. **Education:**

A. High School: Coral Gables Senior High School (Name and Location) Year Graduated: 1986

B. List all postsecondary educational institutions attended:

Name and Location	Date Attended	Certificates/Degrees Received
Miami Dade Community College	1986-1993	Associates Degree
Florida International University	1993-1996	Bachelor of Business Administration
Florida International University	1998-2001	Bachelor of Accounting

23. **Have you received any degree(s) or professional certification(s) related to the subject matter of this appointment?** Yes☑ No☐ If "Yes", list:

Bachelor of Business Administration and Bachelor of Accounting

24. **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
Health Lic#[redacted]	02/1993	Dept of Financial Services	None

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

None

26. **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
None			

27. **Are you now, or have you within the past four (4) 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.

EMPLOYMENT HISTORY AND PROFESSIONAL BACKGROUND

28. **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
Leon Medical Centers	Healthcare	CFO	12/1996-2007
Leon Medical Centers Health	Healthcare	President/CEO	06/2005-Current

29. **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

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

HealthSpring of Florida, Inc. dba Leon Medical Centers Health Plans

Manage the day to day operations of the company's Florida market

31. **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: _____

32 **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:

33. **Have you previously been appointed to any office that required confirmation by the Florida Senate?** Yes ☑ No ☐ If "Yes", list:

Title of Office: Florida International University Board of Trustee

Term of Appointment: 5/2007-1/2011 (3.5 years)

Confirmation results: Appointed

34. **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? Quarterly

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
15	0	

35. **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.
I am currently a Board Member of the Bertha Abess Childrens Center since September 2006
and serve an active role in the Finance Committee.

36. **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", please 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

37. **Describe your experiences and interests or elements of your personal history that qualify you for this appointment.**
I have served on the board for three years and I am currently Chair of the Finance and Audit Committee and Vice Chair of the Board of Trustees. In addition, I have many years of professional experience in the private industry. All of this combined have helped sharpen my skills and have assisted me in becoming a a more experienced candidate for this appointment.

38. **Describe your understanding of the role of a member of a university board of trustees.**
The role of a university board of trustee member is to understand the needs of the institution and work harmoniously with a team whose able to make a difference. It is also important to be able to provide leadership and guidance that will benefit and have the university's best interests, that it remains fiscally sound and that long term goals are also kept in mind.

CONFLICT OF INTEREST

39. **Describe any involvement with and/or relationship to the university to which you are applying (other than as a student).**
Family owned company made a donation to the School of Medicine to establish geriatric research center. I have and will be involved in organizing the implementation and ongoing process of that center.

40. **Have you, or any business of which you have been an owner, officer, or employee, held any employment or contractual relationship during the last four (4) years with the university to which you are seeking appointment?** Yes☐ No☑ If "Yes", identify:

Name of Business	Your Relationship to Business	Business' Relationship to University

41. **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 employment or contractual relationship during the last four (4) years with the university to which you 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

42. **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:

_____

_____

_____

_____

REFERENCES

43. **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.**

Name	Mailing Address Zip Code	Area Code/Telephone Number
Samuel Ullman	200 S Biscayne Blvd. #2500, Miami, FL 33131	305-350-7300
Antonio Argiz	1001 Brickell Bay Drive #9, Miami, FL 33131	305-373-5500
Carlos Curbelo	8770 Sunset Drive, #421, Miami, FL 33173	305-444-7535 ext 103

CERTIFICATION

STATE OF Florida

COUNTY OF Miami-Dade

Before me, the undersigned authority, personally appeared Albert Maury who after being duly sworn, says: 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 the undersigned understands that a background check by the Florida Department of Law Enforcement will be performed on all nominees who are recommended to the Florida Board of Governors and that he/she has received a copy of the Board of Governors' Statement on the Collection, Use or Release of Social Security Numbers.

Affiant's signature

Sworn to and subscribed before me on this 29th day of October, 2010, by

Albert Maury.

(signature of notary)

Jacqueline B. Misch

(typed, printed or stamped name)

Notary Public

Commission No.:

My Commission Expires:

JACQUELINE BECERRA-MISCH
MY COMMISSION # DD 859607
EXPIRES: February 9, 2013
Bonded Thru Notary Public Underwriters

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

Statement on the Collection, Use, or Release of Social Security Numbers
(Master Document – Revised August 2010)

Florida law requires that public entities provide individuals with a written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which the entity collects an individual's social security number. The collection of social security numbers by the Board of Governors is either specifically authorized by law or imperative for the performance of the Board's responsibilities as prescribed by law and the Florida Constitution. The following list identifies the purposes for which social security numbers may be collected, used, or released, and the pertinent authority.

Applicants for University Board of Trustee Positions

- For Level 1 and level 2 criminal background checks conducted by the Florida Department of Law Enforcement for employees and/or Board appointees to university boards of trustees [Required by Fla. Admin. Code 11C-6.003 and Fla. Stat. § 119.071(5) (a) 6]
- The disclosure of the social security number is expressly required by federal or state law or a court order [Authorized by Fla. Stat. § 119.071(5) (a) 6]
- The individual expressly consents in writing to the disclosure of his or her social security number [Authorized by Fla. Stat. § 119.071(5) (a) 6]