



**STATE
UNIVERSITY
SYSTEM
of FLORIDA**
Board of Governors

OFFICE OF THE
CLERK OF THE BOARD OF GOVERNORS
STATE UNIVERSITY
SYSTEM OF FLORIDA

**Application Form FEB 28 AM 8:27
University Board of Trustees Position
State University System of Florida**

Name: Pozo Justo Luis **Date Completed:** 2/27/12
Last First Middle and/or Maiden

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: Pozo Justo Luis Date Completed: 2/27/12
Last First Middle and/or Maiden

1. University Board of Interest: Are you applying for reappointment? Yes No
FAMU FAU FGCU FIU FSU NCF UCF UF UNF USEF UWF

2. Residence Address: [REDACTED] Pinecrest, Florida Miami-Dade 33156
Street City State County Zip Code
(305) 668-7152 (305) 632-2262
Area Code/Phone Cell Phone

3. Current Employer or Occupation: Preferred Care Partners, Inc.
Business Address: 9100 South Dadeland Boulevard, Miami, Florida
Street Office City State
N/A Suite 1250 33156 (305) 670-8440
Post Office Box Suite Zip Code Area Code/Phone Number
jpozo@mypreferredcare.com
E-mail Address

4. Specify the preferred mailing address: Business Home Fax # None

5. List all places of residence for the past five (5) years.
Address City and State From To
[REDACTED] Pinecrest, Florida 33156 1995 Present

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
None

7. Date of Birth: [REDACTED] * Place of Birth: Havana, Cuba *
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: 8/25/75

13. Since what year have you been a continuous resident of Florida? 1959

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:

<u>Date</u>	<u>Place</u>	<u>Nature</u>	<u>Disposition</u>

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:

<u>Date</u>	<u>Nature of Violation</u>	<u>Disposition</u>

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?

Currently a co-defendant in a civil action for default of a \$132,000 Real Estate Loan for which I was a guarantor.

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: Belen Jesuit Prep - 500 SW 127 Ave. Miami, Fl. 33184 Year Graduated: 1975
 (Name and Location)

B. List all postsecondary educational institutions attended:

<u>Name and Location</u>	<u>Date Attended</u>	<u>Certificates/Degrees Received</u>
<u>MDC / 11011 SW 104 St. Miami Fl.</u>	<u>1975 - 1978</u>	<u>A.A. Business Administration</u>
<u>FIU / 11200 SW 8 St. Miami Fl.</u>	<u>1979 - 1980</u>	<u>B.B.A. Accounting</u>

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

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:

<u>License/Certificate Title & Number</u>	<u>Original Issue Date</u>	<u>Issuing Authority</u>	<u>Disciplinary Action/Date</u>
<u>CPA</u>	<u>10/5/84</u>	<u>Board of Accountancy /</u>	<u>number: 14,788</u> <u>None</u>

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

FIU Foundation Board of Directors Chairperson
 FIU Athletic Finance Corporation Vice Chair - Board of Directors

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).

<u>Name</u>	<u>Mailing Address</u>	<u>Office(s) Held & Term</u>	<u>Date(s) of Membership</u>
See Attached Schedule - A			

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:

<u>Employer Name and Address</u>	<u>Type of Business</u>	<u>Occupation/Title</u>	<u>Period of Employment</u>
Preferred Care Partners, Inc. 9100 S. Dadeland Blvd. Suite 1250 Miami, Fl. 33156	Healthcare	President	2001 - Present

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:

<u>Position</u>	<u>Employing Agency</u>	<u>Period of Employment</u>

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.

See Attached Schedule - B

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: _____

Term of Appointment: _____

Confirmation results: _____

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):

<u>Office Title</u>	<u>Date of Election or Appointment</u>	<u>Term of Office</u>	<u>Level of Government</u>
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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

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.

See Attached Schedule - C

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.

See Attached Schedule - D

38. Describe your understanding of the role of a member of a university board of trustees.

Oversight of university budget, making sure the university is in compliance with educational standards set and meeting State Policy. All of the above must be carried out in conjunction with the university's mission.

CONFLICT OF INTEREST

39. Describe any involvement with and/or relationship to the university to which you are applying (other than as a student).

I'm currently the chairperson of the FIU Foundation Board of Directors and a Director of the FIU Athletic Finance Corporation.

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:

<u>Name of Business</u>	<u>Family Member's Relationship to you</u>	<u>Family Member's Relationship to Business</u>	<u>Business' Relationship to University</u>
Sylvia Pozo	Daughter	N/A	Employee from January 2007 to March 2009

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.

<u>Name</u>	<u>Mailing Address</u>	<u>Zip Code</u>	<u>Area Code/Telephone Number</u>
Joseph L. Caruncho	9100 S.Dadeland Blvd. Ste. 1250, Miami, Fl	33156	(305) 528-9390
Carlos Arriola	60 Edgewater Dr. # 8A, Coral Gables, Fl	33133	(305) 299-1326
Hector D. Fortun	365 Palermo Ave, Coral Gables, Fl	33134	(305) 491-9535

CERTIFICATION

STATE OF Florida

COUNTY OF Miami-Dade

Before me, the undersigned authority, personally appeared Justo L. Pozo 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.

[Handwritten Signature]
Affiant's signature

Sworn to and subscribed before me on this 27 day of February, 2011, by
Justo L. Pozo

Jacqueline Montano
(signature of notary)

Jacqueline Montano
(typed, printed or stamped name)

Notary Public
Commission No.:
My Commission Expires:



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]

Schedule A

Question 26

NAME	MAILING ADDRESS	OFFICE HELD & TERM	DATE OF MEMBERSHIP
FIU Foundation Board of Directors	11200 SW 8 Street University Park, Marc 540 Miami, Florida 33199	Director / Chairperson	2007 - Present
FIU Athletic Finance Corporation	11200 SW 8 Street FIU Athletic U.S. Century Bank Arena Miami, Florida 33199	Director / Vice-Chair	2008 - Present
Florida Institute of CPA's	325 W. College Avenue Tallahassee, Fl 32301	Member / Active	1984 - Present
American Institute of CPA's	220 Leigh Farm Road Durham, NC 27707	Member / Active	1985 - Present
Cuban American National Foundation	1312 SW 27 Avenue Miami, Fl. 33145	Member / Active	2001 - Present

Schedule B

Question 30

DATE	EMPLOYER'S NAME	ADDRESS	TELEPHONE	OFFICE / POSITION HELD	DESCRIPTION OF INVOLVEMENT
06/01/01 - Present	Preferred Care Partners, Inc.	9100 South Dadeland Blvd. Suite 1250 Miami, FL 33156	(305) 670-8440	President, Chief Executive Officer, Director	HMO Medicare and Medicaid oversight
04/01/99 - 06/01/01	Preferred Care Partners Holding Corp.	2600 Douglas Road Suite 710 Coral Gables, FL 33134	(305) 441-7825	Executive Vice President, Treasurer, Director	Healthcare management service organization oversight
06/96 - 11/12/99	Investacorp, Inc.	15450 New Main Road Miami Lakes, FL 33014	(305) 557-3000	Registered Representative	Advisor
01/98 - 12/99	Gables Excalibur Associates, Inc.	2600 Douglas Road Suite 710 Coral Gables, FL 33134	(305) 444-2800	President, Director	Financial Advisor
08/95 - 12/97	Gables Financial Group, Inc.	2600 Douglas Road Suite 500 Coral Gables, FL 33134	(305) 529-0075	Vice President	Financial Advisor
10/94 - 04/98	ACLF Management Group, Inc.	2600 Douglas Road Suite 500 Coral Gables, FL 33134	(305) 529-0075	Vice President (Sold my shares in the company)	Director
03/94 - 12/96	Guardian Life	New York, NY	(941) 561-2900	Field Representative	Sales Agent
01/94 - 01/96	JGR & Associates, Inc.	2600 Douglas Road Suite 500 Coral Gables, FL 33134	(305) 446-9234	Vice President (Sold in 1996)	Director
10/93 - 12/94	Pozo & Company, PA	2600 Douglas Road Suite 501 Coral Gables, FL 33134	(305)443-2317	President, Director, C.P.A. (Company ceased operations in 1994)	Practicing CPA
09/88 - 10/93	Pozo & Rodriguez, CPA, P.A.	8240 NW 53 Terrace Suite 307 Miami, FL 33166	(305) 593-2644	C.P.A. , Partner	Practicing CPA

Schedule C

Question 35

ENTITY AND LOCATION	TITLE	DATE OF APPOINTMENT	LENGTH OF SERVICE	DESCRIPTION
Preferred Care Partners Holding Corp	Director	04/01/99	04/01/99 to Present	HMO Holding Company
Preferred Care Partners, Inc.	Director	06/01/01	06/01/01 to Present	President of HMO
FIU Alumni Association	Director	2004	2004 - 2007	Alumni recruitment and oversight of fundraising events
FIU Foundation Board of Directors	Chairperson, Director	2007	2007 - Present	Oversight of endowment and non-endowment, capital campaigning fundraising, budget, strategic recruitment of Board Members
FIU Athletic Finance Corporation	Director / Vice Chair	2008	2008 - Present	Oversight of Football Stadium operations and budgets
Cuban American National Foundation	Director	2001	2001 - Present	Oversight of development and implementation of numerous programs that deal with the issues of human rights and refugee settlements

Schedule D

Question 37

My last 32 years both as a CPA and a healthcare entrepreneur has given me vast knowledge and experience in building a 700 million dollar a year organization as well as mentoring young executives into becoming leaders in our organization, while at the same time being philanthropic in our community.

In addition, I have been involved in FIU since 2004 through philanthropic efforts as well as holding several directorships throughout the University. My wife and I met at FIU in 1980 and several of my children are FIU Alums. Therefore, I have great affinity with FIU. I have attached my personal biography which further elaborates on my accomplishments and experience throughout the years which I believe would qualify me for the appointment as trustee.

Schedule D
Question 37 - Continued

Justo Luis Pozo
President
Preferred Care Partners, Inc.

Mr. Pozo is a co-founder and President of Preferred Care Partners, Inc. and has overseen the day to day operations and financial activities making it South Florida's fastest growing private company in 2003. With its acquisition in 2005 of Neighborhood Health Partnerships Medicare business and further expansion of Florida markets, the company has become one of the largest privately owned Medicare Advantage and Medicaid plans in Florida with over \$700 million in current annual revenues. In 2007, the company was ranked by South Florida CEO Magazine number 67 of the top 500 private companies in South Florida. In 2008, the company was ranked number 896 in the Inc. 5000 of America's fastest growing private companies. In addition, the national magazine Inc. 500 ranked Preferred Care Partners as one of the fastest growing private companies in America. In 2010 the company received South Florida's Good to Great Award given by the Greater Miami Chamber of Commerce.

He currently serves as Chairman of the Board of Directors of the Florida International University Foundation Board. Board member of the FIU Athletic Finance Corporation, and is a member of the Board of Directors of the Cuban American National Foundation.

He has also received numerous recognitions, including in 2004 induction into Florida International University's College of Business Entrepreneurial Hall of Fame, in 2005 into Miami Dade College's Hall of Fame, Florida International University's distinguished service medallion award in 2004, selected by the South Florida Business Journal in 2004 as Heavy Hitters in Health Care, selected to the South Florida Business Journal's Excellence in Health Care Awards as a finalist for facilities and expansion growth in 2005 and a recipient of the 2008 Torch

Awards for Distinguished Alumnus for the College of Business Administration of Florida International University. He is also a founder of the FIU College of Medicine and a Living Scholar Athlete Program Donor.

For 18 years prior to entering the managed health care industry in 1998, Mr. Pozo practiced as a Certified Public Accountant and Financial Advisor representing clients in diversified industries including health care.

Mr. Pozo holds a business degree in accounting from Florida International University, and is licensed as a Board Certified Public Accountant in the State of Florida. Mr. Pozo is also a member in good standing of Jundokan International and holds a third degree black belt in Okinawan Goju-Ryu Karate.

Mr. Pozo is married with four children and resides in Pinecrest, FL