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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1

DOCUMENT # **N21536 (0)**

1995 JUN 21 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)

Principal Place of Business Mailing Address
3000 WEST CYPRESS CREEK ROAD FT. LAUDERDALE FL 33309 **9500 EUCLID AVE., H-18 CLEVELAND OH 44195-5108**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
1] Suite, Apt. #, etc. 25] **9500 Euclid Avenue**
3] City & State 27] **H-18 Attn: NRC**
3] 28] **Cleveland, Ohio**
4] Zip Country 29] **44195-5108** 30] **USA**

3. Date Incorporated or Qualified **07/13/1987** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0003177** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**A.G.C. CO.
2300 SUN BANK CENTER
200 S. ORANGE AVE.
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
B1 Name **Andrew Service Corporation of Florida**
B2 Street Address (P.O. Box Number is Not Acceptable) **201 South Biscayne Blvd., Suite 2900**
B3
B4 City **Miami, Florida** FL B5 Zip Code **33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Please see Attachment 1.

SIGNATURE _____ (NOTE: Registered Agent signature required when retesting) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CT
NAME	SCHEY, RALPH E.
STREET ADDRESS	9500 EUCLID AVENUE, H-18
CITY - ST - ZIP	CLEVELAND OH 44195-5108
TITLE	PT
NAME	MODELL, ARTHUR B.
STREET ADDRESS	9500 EUCLID AVE, H-18
CITY - ST - ZIP	CLEVELAND OH 44195-5108
TITLE	Treasurer
NAME	ROBERTS, KEVIN R.
STREET ADDRESS	9500 EUCLID AVE, H-18
CITY - ST - ZIP	CLEVELAND OH 44195-5108
TITLE	S
NAME	GRIFFITH, PAMELA BLODGETTE
STREET ADDRESS	9500 EUCLID AVE, H-18
CITY - ST - ZIP	CLEVELAND OH 44195-5108
TITLE	T
NAME	SHERWIN, JOHN
STREET ADDRESS	9500 EUCLID AVE., H-18
CITY - ST - ZIP	CLEVELAND OH 44195-5108
TITLE	T
NAME	CONWAY, WILLIAM E.
STREET ADDRESS	9500 EUCLID AVE., H-18
CITY - ST - ZIP	CLEVELAND OH 44195-5108

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	A/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gene D. Altus
1.3 STREET ADDRESS	9500 Euclid Avenue, H-18
1.4 CITY - ST - ZIP	Cleveland, OH 44195-5108
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ralph A. Straffon, M.D.
4.3 STREET ADDRESS	9500 Euclid Avenue, H-18
4.4 CITY - ST - ZIP	Cleveland, Ohio 44195-5108
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, as appropriate, as an attachment with an address.


SIGNATURE: Gene D. Altus 7/20/95 216/444-2340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

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Attachment No. 1 to 1995 Annual Report
Cleveland Clinic Florida (A Nonprofit Corporation)

Line 11: Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

Dated: July 20, 1995



Claudia M. Casey, President
Andrew Service Corporation of Florida