

FILE NOW: FILING FEE IS \$61.25 .

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 21 1996 8:00 am
Secretary of State

DOCUMENT # **N21536 (0)**
1. Corporation Name
CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)



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

3. Date Incorporated or Qualified: **07/13/1987**
3a. Date of Last Report: **07/21/1995**
4. FEI Number: **65-0003177**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 []
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country
26 9500 Euclid Avenue
27 H-18, Attn: NRC
28 Cleveland, Ohio
29 44195-5108
30 Cuyahoga

9. Name and Address of Current Registered Agent

**ANDREW SERVICE CORPORATION OF FLORIDA
201 S BISCAYNE BLVD
STE 2900
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	CT <input type="checkbox"/> DELETE	1.1 TITLE	AST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHHEY, RALPH E.	1.2 NAME	Gene D. Altus
STREET ADDRESS	9500 EUCLID AVENUE, H-18	1.3 STREET ADDRESS	9500 Euclid Avenue/H18
CITY-ST-ZIP	CLEVELAND OH 44195-5108	1.4 CITY-ST-ZIP	Cleveland, OH 44195-5108
TITLE	PT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODELL, ARTHUR B.	2.2 NAME	Alfred Lerner
STREET ADDRESS	9500 EUCLID AVE, H-18	2.3 STREET ADDRESS	9500 Euclid Avenue, H-18
CITY-ST-ZIP	CLEVELAND OH 44195-5108	2.4 CITY-ST-ZIP	Cleveland, Ohio 44195-5108
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, KEVIN R.	3.2 NAME	
STREET ADDRESS	9500 EUCLID AVE, H-18	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44195-5108	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAFFON, RALPH A MD	4.2 NAME	
STREET ADDRESS	9500 EUCLID AVE H-18	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERWIN, JOHN	5.2 NAME	
STREET ADDRESS	9500 EUCLID AVE., H-18	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44195-5108	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, WILLIAM E.	6.2 NAME	
STREET ADDRESS	9500 EUCLID AVE., H-18	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44195-5108	6.4 CITY-ST-ZIP	

900001871549
-06/21/96--01091--002
***70.00
6/21/96

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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: By: *Gene D. Altus*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gene D. Altus, Assistant Secretary

513/k6 216/444-3778
Date Daytime Phone #

CR2E037 (12/95)