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May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N21536 (0)
1. Corporation Name
CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATIO
N)



Principal Place of Business Mailing Address
3000 WEST CYPRESS CREEK ROAD FT. LAUDERDALE FL 33309
9500 EUCLID AVE H-18 ATTN: NRC CLEVELAND OH 44195-0001 US

3. Date Incorporated or Qualified 07/13/1987
3a. Date of Last Report 06/21/1996

2. Principal Place of Business 21
2a. Mailing Address 26
22 Suite, Apt. #, etc. 27
23 City & State 28
24 Zip 25 Country 29
29 44195-5108 30 USA

4. FEI Number 65-0003177
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

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

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 LERNER, ALFRED
STREET ADDRESS 9500 EUCLID AVE, H-18
CITY-ST-ZIP CLEVELAND OH 44195-5108
TITLE T
NAME ROBERTS, KEVIN R.
STREET ADDRESS 9500 EUCLID AVE, H-18
CITY-ST-ZIP CLEVELAND OH 44195-5108
TITLE S
NAME STRAFFON, RALPH A MD
STREET ADDRESS 9500 EUCLID AVE H-18
CITY-ST-ZIP CLEVELAND OH
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 C T
1.2 NAME Mixon, A. Malachi, III
1.3 STREET ADDRESS 9500 Euclid Avenue, H-18
1.4 CITY-ST-ZIP Cleveland, Ohio 44195-5108
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael J. Meehan* Michael J. Meehan
Assistant Secretary 5/19/97 216/444-2340

CR2E037 (9/96)