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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21536 (0)
1. Corporation Name
CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATIO N)

Principal Place of Business 3000 WEST CYPRESS CREEK ROAD FT. LAUDERDALE FL 33309	Mailing Address 8500 EUCLID AVE H-18 ATTN: N. COLLINS CLEVELAND OH 44195-5108 US
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21 Principal Place of Business	2a Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
24	30

3. Date Incorporated or Qualified 07/13/1987		
4. FEI Number 65-0003177	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	CT	
NAME	MIXON, A. M. III	
STREET ADDRESS	9500 EUCLID AVE, H-18	
CITY-ST-ZIP	CLEVELAND OH	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
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 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 Assistant Secretary 1/21/98 216/444-2340

CF2E037 (10/97)