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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21536

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: N. COLLINS~~
CLEVELAND OH 44195-5108
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 9500 EUCLID AVE, M-14

Suite, Apt. #, etc.

27 ATTN: LISA MAHER

City & State

28 CLEVELAND, OH

Zip

Country

29 44195

30 USA

3. Date Incorporated or Qualified

07/13/1987

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

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

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CT DELETE
NAME MIXON, A. M III
STREET ADDRESS 9500 EUCLID AVE, H-18
CITY-ST-ZIP CLEVELAND OH

TITLE PT DELETE
NAME LERNER, ALFRED
STREET ADDRESS 9500 EUCLID AVE, H-18
CITY-ST-ZIP CLEVELAND OH 44195-5108

TITLE T DELETE
NAME ROBERTS, KEVIN R.
STREET ADDRESS 9500 EUCLID AVE, H-18
CITY-ST-ZIP CLEVELAND OH 44195-5108

TITLE S DELETE
NAME STRAFFON, RALPH A MD
STREET ADDRESS 9500 EUCLID AVE H-18
CITY-ST-ZIP CLEVELAND OH

TITLE T DELETE
NAME SHERWIN, JOHN
STREET ADDRESS 9500 EUCLID AVE., H-18
CITY-ST-ZIP CLEVELAND OH 44195-5108

TITLE T DELETE
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 Change Addition
1.2 NAME SEE ATTACHED.
1.3 STREET ADDRESS 9500 EUCLID AVENUE
1.4 CITY-ST-ZIP CLEVELAND, OHIO 44195

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Blair T. White REQUIRED

Date

4/28/99

Daytime Phone #

216/444/13102

CR2E037 (1/198)

CLEVELAND CLINIC FLORIDA
(A Nonprofit Corporation)

575030-96059.4
N21534

1989 – 1999

Officers:

A. Malachi Mixon, III	Chairman
Alfred Lerner	President
Floyd D. Loop	Executive Vice President
Harry K. Moon, M.D.	Chief Executive Officer
Frank L. Lordeman	Chief Operating Officer
Steven D. Wexner, M.D.	Chief of Staff
Vacant	Chief Financial Officer
Kevin V. Roberts	Treasurer
Ralph A. Straffon, M.D.	Secretary
Michael J. Meehan	Assistant Secretary
Gene D. Altus	Assistant Secretary

Trustees:

William E. Conway
Stephen R. Hardis
Alfred Lerner
Robert L. Lintz
Floyd D. Loop, M.D.
William P. Madar
Patrick F. McCartan, Esq.
A. Malachi Mixon, III
John Sherwin, Jr.