

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21536

1. Entity Name

CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATIO

Principal Place of Business

Mailing Address

3000 WEST CYPRESS CREEK ROAD  
FT. LAUDERDALE FL 33309

9500 EUCLID AVE. M-14  
ATTN: LISA MAHER  
CLEVELAND OH 44195  
US

2. Principal Place of Business

3. Mailing Address

9500 Euclid Avenue, TT-33

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Lisa Maher

City & State

City & State

Cleveland, OH

Zip

Country

Zip

Country

44195

USA

4. FEI Number

65-0003177

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agents and use if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

FILE NOW:  
FEE IS \$81.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Chief Executive Officer  Change  Addition  
NAME Harry Moon, M.D.  
STREET ADDRESS 3000 West Cyrpress Creek Rd.  
CITY-ST-ZIP Ft. Lauderdale, FL 33309

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

TITLE Chief Operating Officer  Change  Addition  
NAME Frank L. Lordeman  
STREET ADDRESS 9500 Euclid Avenue, H-18  
CITY-ST-ZIP Cleveland, OH 44195

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

TITLE Chief Financial Officer  Change  Addition  
NAME Dean R. Turner  
STREET ADDRESS 9500 Euclid Avenue, H-18  
CITY-ST-ZIP Cleveland, OH 44195

TITLE EVP  Delete  
NAME LOOP, FLOYD D M.D. Trustee  
STREET ADDRESS 9500 EUCLID AVE H-18  
CITY-ST-ZIP CLEVELAND OH

TITLE Secretary  Change  Addition  
NAME David W. Rowan  
STREET ADDRESS 9500 Euclid Avenue, H-18  
CITY-ST-ZIP Cleveland, OH 44195

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  Delete  
NAME CONWAY, WILLIAM E. Trustee  
STREET ADDRESS 9500 EUCLID AVE., H-18  
CITY-ST-ZIP CLEVELAND OH 44195-5108 (keep)

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

216/444-3192

Date

Daytime Phone #

CR2E037 (10/00)