

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21536

1. Entity 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. TT-33
ATTN: LISA MAHER
CLEVELAND OH 44195
US

2. Principal Place of Business

3. Mailing Address

2950 Cleveland Clinic Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Weston, FL 33331

Zip

Country

USA

Zip

Country

4. FEI Number

65-0003177

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP | CT MIXON, A. M III 9500 EUCLID AVE, H-18 CLEVELAND OH | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT LERNER, ALFRED 9500 EUCLID AVE, H-18 CLEVELAND OH 44195-5108 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO MOON, MD, HARRY 3000 WEST CYPRESS CREEK RD. FORT LAUDERDALE FL 33309 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP LOOP, FLOYD D M.D. 9500 EUCLID AVE H-18 CLEVELAND OH | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COO LORDEMAN, FRANK L 9500 EUCLID AVE., H-18 CLEVELAND OH 44195-5108 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CONWAY, WILLIAM E. 9500 EUCLID AVE., H-18 CLEVELAND OH 44195-5108 | <input checked="" type="checkbox"/> Delete |

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Melinda Estes, M.D. Chief Executive Officer 2950 Cleveland Clinic Blvd. Weston, FL 33331 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | David W. Rowan Secretary 9500 Euclid Avenue Cleveland, OH 44195 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Michael O'Boyle Chief Financial Officer 9500 Euclid Avenue Cleveland, OH 44195 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Michael J. Meehan Assistant Secretary 9500 Euclid Avenue Cleveland, OH 44195 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

FILED N21536

02 JUL 11 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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DO NOT WRITE IN THIS SPACE

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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:

Michael J. Meehan
Michael J. Meehan, Assistant Secretary

4/24/02

216/444-3192