


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90006 039 \*\*\*\*61.25

**DOCUMENT # N21536**

1. Entity Name  
**CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)**



Principal Place of Business  
**2950 CLEVELAND CLINIC BLVD.  
 WESTON, FL 33331**

Mailing Address  
**9500 EUCLID AVE. TT-33  
 ATTN: LISA MAHER  
 CLEVELAND, OH 44195 US**

**54056112**



2. Principal Place of Business		3. Mailing Address <b>9500 Euclid Ave., TT-33</b>		03112003	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Attn: Kerrie Krizner</b>		4. FEI Number <b>65-0003177</b>	Applied For Not Applicable	
City & State		City & State <b>Cleveland, OH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
Zip	Country	Zip <b>44195</b>	Country <b>USA</b>			

6. Name and Address of Current Registered Agent <b>ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET STE 2100 TAMPA, FL 33602-5164</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				<b>FL</b>		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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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	Executive Director Howard Graman, M.D. 2950 Cleveland Clinic Blvd. Weston, FL 33331	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KAY, ROBERT 9500 EUCLID AVE, H-18 CLEVELAND, OH 441955108	<input 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	CEO ESTES, MELINDA M.D. 2950 CLEVELAND CLINIC BLVD. WESTON, FL 33331	<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	EVPT LOOP, FLOYD D M.D. 9500 EUCLID AVE H-18 CLEVELAND, OH	<input 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	COO LORDEMAN, FRANK L 9500 EUCLID AVE., H-18 CLEVELAND, OH 441955108	<input 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	S ROWAN, DAVID W 9500 EUCLID AVE. CLEVELAND, OH 44195	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:  DATE: 5/17/04 DAYTIME PHONE: 216/444-2340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #