


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90031 041 ****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
**1950 RICHMOND ROAD, TR-38
 ATTN: KERRIE KRIZNER
 LYNDHURST, OH 44124 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

03072005 Chg-NP CR2E037 (10/03)

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

**ANDREW SERVICE CORPORATION OF FLORIDA
 201 N. FRANKLIN STREET
 STE 2100
 TAMPA, FL 33602-5164**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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	TR KAY, ROBERT 9500 EUCLID AVE, H-18 CLEVELAND, OH 441955108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED GRAMAN, HOWARD MD 2950 CLEVELAND CLINIC BLVD. WESTON, FL 33331 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT LOOP, FLOYD D M.D. 9500 EUCLID AVE H-18 CLEVELAND, OH <input checked="" type="checkbox"/> Delete
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	S ROWAN, DAVID W 9500 EUCLID AVE. CLEVELAND, OH 44195 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/T Delos M. Cosgrove, M.D. 9500 Euclid Avenue, H-18 Cleveland, Ohio 44195 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Michael P. O'Boyle 9500 Euclid Avenue, H-18 Cleveland, Ohio 44195 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Scott Campbell 2950 Cleveland Clinic Boulevard Weston, FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Michael J. Minnaugh 9500 Euclid Avenue Cleveland, Ohio 44195 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Michael J. Meehan 1950 Richmond Road, TR-38 Lyndhurst, Ohio 44124 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Gene Altus 9500 Euclid Avenue Cleveland, Ohio 44195 <input type="checkbox"/> Change <input checked="" 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: _____ **3/14/05** **216/297-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Paytime Phone #