

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1082


FILED

06 APR 28 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

04132006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
65-0003177

Applied For  
 Not Applicable

Zip Country

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.

800072738678

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOT GOSGROVE, DELOS 9500 EUCLID AVENUE H-18 CLEVELAND, OH 44195 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO LORDEMAN, FRANK L 9500 EUCLID AVE., H-18 CLEVELAND, OH 441955108 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D 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	ED Robert Kay, M.D. 2950 Cleveland Clinic Blvd. Weston, FL 33331 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO/D Michael P. O'Boyle 9500 Euclid Avenue Cleveland, OH 44195 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Steven C. Glass 9500 Euclid Avenue Cleveland, OH 44195 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Scott Campbell 2950 Cleveland Clinic Blvd. Weston, FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Michael J. Meehan 1950 Richmond Rd. Lyndhurst, OH 44124 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Michael J. Minnaugh 9500 Euclid Avenue Cleveland, OH 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 exemptions contained in Chapter 119, 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: 4/19/06  
Doc#/Phone #: 216/444-3197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CORPORATION SERVICE COMPANY

2062

ACCOUNT NO. : 072100000032  
REFERENCE : 069831 7402817  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 70.00

ORDER DATE : April 27, 2006  
ORDER TIME : 8:33 AM  
ORDER NO. : 069831-005  
CUSTOMER NO: 7402817

ANNUAL REPORT FILING

NAME: CLEVELAND CLINIC FLORIDA (A  
NONPROFIT CORPORATION)

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young-EXT#2962

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
06 APR 28 AM 10:44  
DIVISION OF CORPORATION