


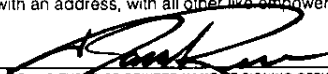
1082

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED

07 APR 30 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N21536</b>					
1. Entity Name <b>CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0003177</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</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		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CT	<input type="checkbox"/> Delete	TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIXON, A. M III		NAME	Bernardo Fernandez, M.D.	
STREET ADDRESS	9500 EUCLID AVE, H-18		STREET ADDRESS	2950 Cleveland Clinic Blvd.	
CITY-ST-ZIP	CLEVELAND, OH		CITY-ST-ZIP	Weston, FL 33331	
TITLE	ED	<input checked="" type="checkbox"/> Delete	TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAY, ROBERT M.D.		NAME	Scott Campbell	
STREET ADDRESS	9500 EUCLID AVE, H-18		STREET ADDRESS	2950 Cleveland Clinic Blvd.	
CITY-ST-ZIP	CLEVELAND, OH 44195108		CITY-ST-ZIP	Weston, FL 33331	
TITLE	COOD	<input type="checkbox"/> Delete	TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BOYLE, MICHAEL P		NAME	Marty Sargeant	
STREET ADDRESS	9500 EUCLID AVENUE		STREET ADDRESS	2950 Cleveland Clinic Blvd.	
CITY-ST-ZIP	CLEVELAND, OH 44195		CITY-ST-ZIP	Weston, FL 33331	
TITLE	CEOT	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSGROVE, DELOS		NAME	Joseph F. Hahn, M.D.	
STREET ADDRESS	9500 EUCLID AVENUE H-18		STREET ADDRESS	9500 Euclid Ave., H-18	
CITY-ST-ZIP	CLEVELAND, OH 44195		CITY-ST-ZIP	Cleveland, OH 44195	
TITLE	CFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, STEVEN C		NAME		
STREET ADDRESS	9500 EUCLID AVE., H-18		STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND, OH 44195108		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWAN, DAVID W		NAME		
STREET ADDRESS	9500 EUCLID AVE.		STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND, OH 44195		CITY-ST-ZIP		
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: 			David W. Rowan		216-297-7071
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>



03192007 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0003177** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**Make check payable to  
Florida Department of State**

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TITLE	COOD	<input type="checkbox"/> Delete
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CITY-ST-ZIP	CLEVELAND, OH 44195	
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NAME	COSGROVE, DELOS	
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TITLE	CFO	<input type="checkbox"/> Delete
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STREET ADDRESS	9500 EUCLID AVE., H-18	
CITY-ST-ZIP	CLEVELAND, OH 44195108	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROWAN, DAVID W	
STREET ADDRESS	9500 EUCLID AVE.	
CITY-ST-ZIP	CLEVELAND, OH 44195	

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernardo Fernandez, M.D.	
STREET ADDRESS	2950 Cleveland Clinic Blvd.	
CITY-ST-ZIP	Weston, FL 33331	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Campbell	
STREET ADDRESS	2950 Cleveland Clinic Blvd.	
CITY-ST-ZIP	Weston, FL 33331	
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marty Sargeant	
STREET ADDRESS	2950 Cleveland Clinic Blvd.	
CITY-ST-ZIP	Weston, FL 33331	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph F. Hahn, M.D.	
STREET ADDRESS	9500 Euclid Ave., H-18	
CITY-ST-ZIP	Cleveland, OH 44195	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

400099892414

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:  David W. Rowan Date 216-297-7071 Daytime Phone #



CORPORATION SERVICE COMPANY

2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 864362 7402817

AUTHORIZATION :

*Sara Lea*

COST LIMIT : \$69.25

ORDER DATE : April 23, 2007

ORDER TIME : 12:28 PM

ORDER NO. : 864362-005

CUSTOMER NO: 7402817

ANNUAL REPORT FILING

NAME: CLEVELAND CLINIC FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2007 APR 30 PM 3:19  
NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Sara Lea - Ext. 2914

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