

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N21536

Entity Name: CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)

Current Principal Place of Business:

ATTN: MAISHA GIBSON
3050 SCIENCE PARK DR, AC 321
BEACHWOOD, OH 44122

New Principal Place of Business:

Current Mailing Address:

ATTN: MAISHA GIBSON
3050 SCIENCE PARK DR, AC 321
BEACHWOOD, OH 44122

New Mailing Address:

FEI Number: 65-0003177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: COO () Delete
Name: SARGEANT, MARTY
Address: 2950 CLEVELAND CLINIC BLVD
City-St-Zip: WESTON, FL 33331

Title: CFO () Delete
Name: CAMPBELL, SCOTT
Address: 2950 CLEVELAND CLINIC BLVD.
City-St-Zip: WESTON, FL 33331

Title: AS () Delete
Name: MEEHAN, MICHAEL J
Address: 9500 EUCLID AVENUE
City-St-Zip: CLEVELAND, OH 44195

Title: CEOT () Delete
Name: COSGROVE, DELOS
Address: 9500 EUCLID AVENUE H-18
City-St-Zip: CLEVELAND, OH 44195

Title: CFO () Delete
Name: GLASS, STEVEN C
Address: 9500 EUCLID AVE., H-18
City-St-Zip: CLEVELAND, OH 441955108

Title: S () Delete
Name: ROWAN, DAVID W
Address: 9500 EUCLID AVE.
City-St-Zip: CLEVELAND, OH 44195

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COOT (X) Change () Addition
Name: STRAND, DAVID
Address: 9500 EUCLID AVENUE, H-18
City-St-Zip: CLEVELAND, OH 44195

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEOT (X) Change () Addition
Name: COSGROVE, DELOS M.M.D.
Address: 9500 EUCLID AVENUE, H-18
City-St-Zip: CLEVELAND, OH 44195

Title: CEOT (X) Change () Addition
Name: FERNANDEZ, BERNARDO B.M.D.
Address: 2950 CLEVELAND CLINIC BLVD.
City-St-Zip: WESTON, FL 33331

Title: CFOT (X) Change () Addition
Name: GLASS, STEVEN C
Address: 9500 EUCLID AVE., H-18
City-St-Zip: CLEVELAND, OH 441955108

Title: ST (X) Change () Addition
Name: ROWAN, DAVID W
Address: 9500 EUCLID AVE.
City-St-Zip: CLEVELAND, OH 44195

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W. ROWAN

S

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date