

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21536

FILED
Apr 16, 2010
Secretary of State

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:

2950 CLEVELAND CLINIC BLVD.
WESTON, FL 33331

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: COOT
Name: PEACOCK, WILLIAM
Address: 9500 EUCLID AVENUE, H-18
City-St-Zip: CLEVELAND, OH 44195

Title: T
Name: HAHN, JOSEPH F M.D.
Address: 9500 EUCLID AVENUE
City-St-Zip: CLEVELAND, OH 44195

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID W. ROWAN

ST

04/16/2010

Electronic Signature of Signing Officer or Director

_____ Date