

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 18, 2024
Secretary of State
0243924846CC

Entity Name: CLEVELAND CLINIC FLORIDA REGIONAL HEALTH SYSTEM
NONPROFIT CORPORATION

Current Principal Place of Business:

2950 CLEVELAND CLINIC BOULEVARD
WESTON, FL 33331

Current Mailing Address:

2950 CLEVELAND CLINIC BOULEVARD
WESTON, FL 33331 US

FEI Number: 83-2249666

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title GENERAL COUNSEL AND ASSISTANT SECRETARY
Name DEL CASTILLO, BARBARA ESQ.
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name MIHALJEVIC, TOMISLAV M.D.
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name MAROONE, MICHAEL E.
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name PETRAS, MICHAEL B. JR.
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name SCOTT, HAROLD LEE JR.
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name WEBER, ROBERT C. ESQ.
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

Title ASSISTANT SECRETARY
Name OBLANDER, R. JASON
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name MACDONALD, WILLIAM E. III
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

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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: BARBARA DEL CASTILLO ESQ.

GENERAL COUNSEL AND ASSISTANT SECRETARY 04/18/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DELANEY, CONOR M.D., PH.D.
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name RICH, ROBERT E. JR.
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name HAMMES, MICHAEL
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name LICHTENBERGER, WILLIAM
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name MATTERA, VINCENT
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name LANG, SEAN
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

Title CHIEF EXECUTIVE OFFICER AND PRESIDENT,
FLORIDA
Name DELANEY, CONOR M.D., PH.D.
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

Title CHIEF ACCOUNTING OFFICER AND
CONTROLLER
Name LONGVILLE, TIMOTHY L.
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

Title CHIEF OF OPERATIONS, CCF
Name PEACOCK, WILLIAM M. III
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

Title SECRETARY
Name ROWAN, DAVID W.
Address 2950 CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name MOONEY, BETH E.
Address 2950 CLEVELAND CLINIC
BOULEVARD
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name IANNOTTI, JOSEPH M.D., PH.D.
Address 2950 CLEVELAND CLINIC
BOULEVARD
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name SALERNO, FREDERIC
Address 2950 CLEVELAND CLINIC
BOULEVARD
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name WEBB, THEORA
Address 2950 CLEVELAND CLINIC
BOULEVARD
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name RYAN, PATRICK JR.
Address 2950 CLEVELAND CLINIC
BOULEVARD
City-State-Zip: WESTON FL 33331

Title CHAIR, BOARD OF DIRECTORS
Name MAROONE, MICHAEL E.
Address 2950 CLEVELAND CLINIC
BOULEVARD
City-State-Zip: WESTON FL 33331

Title CFO, CCF AND TREASURER
Name LARAWAY, DENNIS
Address 2950 CLEVELAND CLINIC
BOULEVARD
City-State-Zip: WESTON FL 33331

Title CFO, FLORIDA
Name ROCHESTER, CHARMAINE
DHA,CPA,FACH
Address 2950 CLEVELAND CLINIC
BOULEVARD
City-State-Zip: WESTON FL 33331

Title CHIEF OF OPERATIONS, FLORIDA
Name CATO, DAVID
Address 2950 CLEVELAND CLINIC
BOULEVARD
City-State-Zip: WESTON FL 33331

