

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 28, 2023
Secretary of State
8568279258CC

Entity Name: CLEVELAND CLINIC FLORIDA REGIONAL HEALTH SYSTEM
NONPROFIT CORPORATION

Current Principal Place of Business:

CLEVELAND CLINIC LAW DEPARTMENT
ATTN: BARBARA DEL CASTILLO, GENERAL COUNSEL 2950 CLEVELAND CLINIC BOULEVARD
WESTON, FL 33331

Current Mailing Address:

CLEVELAND CLINIC LAW DEPARTMENT
ATTN: BARBARA DEL CASTILLO, GENERAL COUNSEL 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 ASSISTANT SECRETARY
Name DEL CASTILLO, BARBARA
Address CLEVELAND CLINIC LAW DEPARTMENT
ATTN: BARBARA DEL CASTILLO,
GENERAL COUNSEL 2950
CLEVELAND CLINIC BOULEVARD
City-State-Zip: WESTON FL 33331

Title CHAIR, DIRECTOR
Name DELANEY, M.D., , PHD COR
Address CLEVELAND CLINIC LAW DEPARTMENT
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Title DIRECTOR
Name HAMMES, , MICHAEL
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Title DIRECTOR
Name LICHTENBERGER, WILLIAM
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Title DIRECTOR
Name WEBB, THEORA "BUNNY"
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Title DIRECTOR
Name LANG,, SEAN M.D.
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City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name MACDONALD, III,, WILLIAM E.
Address CLEVELAND CLINIC LAW DEPARTMENT
ATTN: BARBARA DEL CASTILLO,
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Title DIRECTOR
Name MAROONE, , MICHAEL E.
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GENERAL COUNSEL 2950
CLEVELAND CLINIC BOULEVARD

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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: DEL CASTILLO, ESQ. BARBARA

SECRETARY

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MACDONALD, WILLIAM III
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR
Name RICH, ROBERT E JR.
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City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR
Name WEBER, ROBERT
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR
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Title CEO
Name DELANEY, M.D., , PH.D., CONOR
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