

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21536

FILED
Apr 30, 2022
Secretary of State
6375689505CC

Entity Name: CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)

Current Principal Place of Business:

2950 CLEVELAND CLINIC BLVD.
ATTN: BARBARA DEL CASTILLO
WESTON, FL 33331

Current Mailing Address:

2950 CLEVELAND CLINIC BLVD.
ATTN: BARBARA DEL CASTILLO
WESTON, FL 33331

FEI Number: 65-0003177

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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 CHIEF OF OPERATIONS, CCF
Name PEACOCK, WILLIAM
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Title PRESIDENT
Name BLANDON, RODOLFO M.D.
Address 2950 CLEVELAND CLINIC BLVD.
City-State-Zip: WESTON FL 33331

Title CFO & TREASURER - CCF
Name GLASS, STEVEN C
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Title CHIEF LEGAL OFFICER &
SECRETARY - CCF
Name ROWAN, DAVID W
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Title GENERAL COUNSEL & ASST
SECRETARY - WESTON
Name DEL CASTILLO, BARBARA
Address 2950 CLEVELAND CLINIC BLVD.
City-State-Zip: WESTON FL 33331

Title ASSISTANT SECRETARY
Name OBLANDER, R. JASON
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Title CHIEF ACCOUNTING OFFICER,
CONTROLLER
Name LONGVILLE, TIMOTHY
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR, CHAIR
Name MAROONE, MICHAEL
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Continues on page 2

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

SECRETARY

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name WEBB, THEORA "BUNNY"
Address 2950 CLEVELAND CLINIC BLVD.
City-State-Zip: WESTON FL 33331

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

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

Title DIRECTOR
Name RICH, ROBERT E. JR.
Address 9500 EUCLID AVENUE
MAIL CODE NA4
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 CHIEF OF OPERATIONS, FLORIDA
Name CATO, DAVID
Address 2950 CLEVELAND CLINIC BLVD.
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name MATTERA, VINCENT "CHUCK"
Address 2950 CLEVELAND CLINIC BLVD.
City-State-Zip: WESTON FL 33331

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

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

Title DIRECTOR
Name MIHALJEVIC, TOMISLAV M.D.
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

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

Title DIRECTOR
Name PETRAS, MICHAEL JR.
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR
Name SCOTT, HAROLD "LEE"
Address 9500 EUCLID AVENUE
MAIL CODE NA4
City-State-Zip: CLEVELAND OH 44195

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

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

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