2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21536

Entity Name: CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)

FILED
Jun 29, 2020
Secretary of State
2090429525CC

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 DIRECTOR, CHIEF OF OPERATIONS,

CCF

Name PEACOCK, WILLIAM

Address 9500 EUCLID AVENUE

MAIL CODE NA4

City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR, CFO & TREASURER - CCF

Name GLASS, STEVEN C

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

MAIL OODE NA

City-State-Zip: CLEVELAND OH 44195

Title PRESIDENT

Name BLANDON, RODOLFO M.D.

Address 2950 CLEVELAND CLINIC BLVD.

ATTN: BARBARA DEL CASTILLO

City-State-Zip: WESTON FL 33331

Title DIRECTOR, CHIEF LEGAL OFFICER &

SECRETARY - CCF

Name ROWAN, DAVID W

Address 9500 EUCLID AVENUE

MAIL CODE NA4

City-State-Zip: CLEVELAND OH 44195

Title CHIEF OF OPERATIONS, WESTON

Name DELGADO, OSMEL

Address 2950 CLEVELAND CLINIC BLVD.

ATTN: BARBARA DEL CASTILLO

City-State-Zip: WESTON FL 33331

Title CHIEF ACCOUNTING OFFICER,

CONTROLLER

Name LONGVILLE, TIMOTHY

Address 9500 EUCLID AVENUE

MAIL CODE NA4

City-State-Zip: CLEVELAND OH 44195

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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: DAVID W. ROWAN

CHIEF LEGAL OFFICER & 06/29/2020

SECRETARY

Officer/Director Detail Continued:

Address

Title DIRECTOR, CHAIR Title

Name MAROONE, MICHAEL Name HOCKMEYER, WAYNE PHD

9500 EUCLID AVENUE Address 2950 CLEVELAND CLINIC BLVD.
MAIL CODE NA4 ATTN: BARBARA DEL CASTILLO

DIRECTOR

City-State-Zip: CLEVELAND OH 44195 City-State-Zip: WESTON FL 33331

Title DIRECTOR Title DIRECTOR

Name SALERNO, FREDERIC Name LITCHTENBERGER, WILLIAM

Address 2950 CLEVELAND CLINIC BLVD. Address 2950 CLEVELAND CLINIC BLVD. ATTN: BARBARA DEL CASTILLO ATTN: BARBARA DEL CASTILLO

City-State-Zip: WESTON FL 33331 City-State-Zip: WESTON FL 33331

Title DIRECTOR Title DIRECTOR

Name WEBB, THEORA "BUNNY" Name MIHALJEVIC, TOMISLAV

Address 2950 CLEVELAND CLINIC BLVD. Address 9500 EUCLID AVENUE ATTN: BARBARA DEL CASTILLO MAIL CODE NA4

City-State-Zip: WESTON FL 33331 City-State-Zip: CLEVELAND OH 44195

on, state 2p. 122 (2p. 622)

Title DIRECTOR Title DIRECTOR

Name IANNOTTI, JOSEPH M.D. Name MOONEY, BETH

Address 2950 CLEVELAND CLINIC BLVD. Address 9500 EUCLID AVE

2950 CLEVELAND CLINIC BLVD. Address 9500 EUCLID AVENUE ATTN: BARBARA DEL CASTILLO MAIL CODE NA4

City-State-Zip: WESTON FL 33331 City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR Title DIRECTOR

Name MCDONALD, WILLIAM III Name PETRAS, MICHAEL JR.

Address 9500 EUCLID AVENUE Address 9500 EUCLID AVENUE

MAIL CODE NA4 MAIL CODE NA4

City-State-Zip: CLEVELAND OH 44195 City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR Title DIRECTOR

Name RICH, ROBERT E. JR. Name SCOTT, HAROLD "LEE"

Address 9500 EUCLID AVENUE Address 9500 EUCLID AVENUE

MAIL CODE NA4 MAIL CODE NA4

City-State-Zip: CLEVELAND OH 44195 City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR

Name WEBER, ROBERT

Address 9500 EUCLID AVENUE

MAIL CODE NA4

City-State-Zip: CLEVELAND OH 44195