

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21536

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**6866701621CC**

**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 TRUSTEE, CHIEF OF OPERATIONS,  
CCF  
Name PEACOCK, WILLIAM  
Address 9500 EUCLID AVENUE, NA-4  
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 CFO & TREASURER - CCF, TRUSTEE  
Name GLASS, STEVEN C  
Address 9500 EUCLID AVE., NA-4  
City-State-Zip: CLEVELAND OH 44195-5108

Title CHIEF LEGAL OFFICER &  
SECRETARY - CCF, TRUSTEE  
Name ROWAN, DAVID W  
Address 9500 EUCLID AVE., NA-4  
City-State-Zip: CLEVELAND OH 44195

Title CFO - FLORIDA  
Name NILSSON, KEITH  
Address 2950 CLEVELAND CLINIC BLVD.  
City-State-Zip: WESTON FL 33331

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

Title CHIEF OF OPERATIONS, WESTON  
Name DELGADO, OSMEL  
Address 2950 CLEVELAND CLINIC BLVD.  
ATTN: BARBARA DEL CASTILLO  
City-State-Zip: WESTON FL 33331

Title ASSISTANT SECRETARY  
Name OBLANDER, R. JASON  
Address 9500 EUCLID AVENUE  
NA4  
City-State-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

**SECRETARY**

**04/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date