


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90031 045 ****61.25

DOCUMENT # N01000005395 1. Entity Name CLEVELAND CLINIC FLORIDA FOUNDATION, NONPROFIT CORPORATION					
Principal Place of Business 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331			Mailing Address 1950 RICHMOND ROAD, TR-38 ATTN: KERRIE KRIZNER LYNDHURST, OH 44124		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1133985	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREW SERVICE CORP OF FLORIDA 201 SOUTH BISCAYNE BLVD STE 2900 MIAMI, FL 33131-4330			7. Name and Address of New Registered Agent Name Andrew Service Corporation of Florida Street Address (P.O. Box Number is Not Acceptable) 201 N. Franklin Street Suite 2100 City Tampa FL Zip Code 33602		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	CEO/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORDEMAN, FRANK L		NAME	Delos M. Cosgrove, M.D.	
STREET ADDRESS	9500 EUCLID AVE MAIL CODE H-18		STREET ADDRESS	9500 Euclid Avenue, H-18	
CITY-ST-ZIP	CLEVELAND, OH 44195		CITY-ST-ZIP	Cleveland, Ohio 44195	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROWAN, DAVID		NAME		
STREET ADDRESS	9500 EUCLID AVE MAIL CODE TT-33		STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND, OH 44195		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIXON, MALACHI		NAME	Michael P. O'Boyle	
STREET ADDRESS	9500 EUCLID AVENUE H-18		STREET ADDRESS	9500 Euclid Avenue, H-18	
CITY-ST-ZIP	CLEVELAND, OH 44195		CITY-ST-ZIP	Cleveland, Ohio 44195	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOOP, FLOYD D		NAME	Michael J. Meehan	
STREET ADDRESS	9500 EUCLID AVE H-18		STREET ADDRESS	1950 Richmond Road, TR-38	
CITY-ST-ZIP	CLEVELAND, OH 44195		CITY-ST-ZIP	Lyndhurst, Ohio 44124	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/14/05 216/287-7000 <small>Date Daytime Phone #</small>		