


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1082

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07 APR 30 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03192007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1133985	Applied For <input type="checkbox"/> Not Applicable
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 N. FRANKLIN STREET SUITE 2100 TAMPA, FL 33602	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

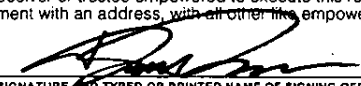
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOT COSGROVE, DELOS M M.D. 9500 EUCLID AVENUE H-18 CLEVELAND, OH 44195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/T ROWAN, DAVID 9500 EUCLID AVE MAIL CODE TT-33 CLEVELAND, OH 44195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO O'BOYLE, MICHAEL P 9500 EUCLID AVENUE H-18 CLEVELAND, OH 44195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO GLASS, STEVEN C 9500 EUCLID AVE CLEVELAND, OH 44195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MEEHAN, MICHAEL J 1950 RICHMOND ROAD TR-38 LYNDHURST, OH 44124 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR MINNAUGH, MICHAEL J 9500 EUCLID AVE CLEVELAND, OH 44195 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

300099892343

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  David W. Rowan Date: 216-297-7071



CORPORATION SERVICE COMPANY

2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 864362 7402817

AUTHORIZATION

[Signature]

COST LIMIT : \$ 61.25

ORDER DATE : April 23, 2007

ORDER TIME : 12:31 PM

ORDER NO. : 864362-015

CUSTOMER NO: 7402817

ANNUAL REPORT FILING

NAME: CLEVELAND CLINIC FLORIDA
FOUNDATION

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 APR 30 PM 3:19
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____