



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90011 025 ****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 LYNHURST, OH 44124		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Suite, Apt. #, etc. Attn: Maisha Gibson 3050 Science Park Dr.,			
Suite, Apt. #, etc.		City & State Beachwood, OH		03102008 Chg-NP CR2E037 (12/06)	
City & State		City & State AC321		4. FEI Number 65-1133985	
Zip		Zip 44122		Country Cuyahoga	
Country		Country Cuyahoga		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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 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	Chairman Mixon, A. Malachi III 9500 Euclid Avenue Cleveland, OH 44195 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWAN, DAVID 9500 EUCLID AVE MAIL CODE TT-33 CLEVELAND, OH 44195 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary and Trustee Rowan, David 9500 Euclid Avenue Cleveland, OH 44195 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOT O'BOYLE, MICHAEL P 9500 EUCLID AVENUE H-18 CLEVELAND, OH 44195 <input checked="" 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 LYNHURST, 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/21/2008 (216) 444-3441 <small>Date Daytime Phone #</small>		