2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N01000005395

Entity Name: CLEVELAND CLINIC FLORIDA FOUNDATION, NONPROFIT CORPORATION

Current Principal Place of Business:

3050 SCIENCE PARK DRIVE AC 321
BEACHWOOD, OH 44122

New Principal Place of Business:

Current Mailing Address:

3050 SCIENCE PARK DRIVE AC 321
BEACHWOOD, OH 44122

New Mailing Address:

FEI Number: 65-1133985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CEOT ( ) Delete
Name: COSGROVE, DELOS M M.D.
Address: 9500 EUCLID AVENUE H-18
City-St-Zip: CLEVELAND, OH 44195

Title: STR ( ) Delete
Name: ROWAN, DAVID
Address: 9500 EUCLID AVE
City-St-Zip: CLEVELAND, OH 44195

Title: CFO ( ) Delete
Name: GLASS, STEVEN C
Address: 9500 EUCLID AVE
City-St-Zip: CLEVELAND, OH 44195

Title: AS ( ) Delete
Name: MEEHAN, MICHAEL J
Address: 1950 RICHMOND ROAD TR-38
City-St-Zip: LYNDHURST, OH 44124

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: ROWAN, DAVID
Address: 9500 EUCLID AVE
City-St-Zip: CLEVELAND, OH 44195

Title: CFOT (X) Change ( ) Addition
Name: GLASS, STEVEN C
Address: 9500 EUCLID AVE
City-St-Zip: CLEVELAND, OH 44195

Title: CEOT (X) Change ( ) Addition
Name: FERNANDEZ, BERNARDO M.D.
Address: 2950 CLEVELAND CLINIC BLVD.
City-St-Zip: WESTON, FL 33331

Title: COO ( ) Change (X) Addition
Name: SARGEANT, WILLIAM
Address: 2950 CLEVELAND CLINIC BLVD.
City-St-Zip: WESTON, FL 33331

Title: CFO ( ) Change (X) Addition
Name: CAMPBELL, SCOTT
Address: 2950 CLEVELAND CLINIC BLVD.
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID W. ROWAN, ESQ. S 04/13/2009

Electronic Signature of Signing Officer or Director — Date