

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005395

FILED  
Mar 08, 2011  
Secretary of State

**Entity Name:** CLEVELAND CLINIC FLORIDA FOUNDATION, NONPROFIT CORPORATION

**Current Principal Place of Business:**

2950 CLEVELAND CLINIC BLVD.  
WESTO, FL 33331

**New Principal Place of Business:**

2950 CLEVELAND CLINIC BLVD.  
ATTN: BARBARA DEL CASTILLO  
WESTON, FL 33331

**Current Mailing Address:**

3050 SCIENCE PARK DRIVE AC 321  
BEACHWOOD, OH 44122

**New Mailing Address:**

2950 CLEVELAND CLINIC BLVD.  
ATTN: BARBARA DEL CASTILLO  
WESTON, FL 33331

**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  
Name: COSGROVE, DELOS M M.D.  
Address: 9500 EUCLID AVENUE H-18  
City-St-Zip: CLEVELAND, OH 44195

Title: ST  
Name: ROWAN, DAVID  
Address: 9500 EUCLID AVE  
City-St-Zip: CLEVELAND, OH 44195

Title: CFOT  
Name: GLASS, STEVEN C  
Address: 9500 EUCLID AVE  
City-St-Zip: CLEVELAND, OH 44195

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

Title: T  
Name: JOSEPH, HAHN M.D.  
Address: 9500 EUCLID AVENUE  
City-St-Zip: CLEVELAND, OH 44195

Title: CFOT  
Name: STEPHEN, GLASS  
Address: 9500 EUCLID AVENUE  
City-St-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

ST

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date