

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005395

FILED  
Feb 27, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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  
**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

02/27/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date