

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN 10 PM 12:18

SECRET
TALLAHASSEE, FLORIDA

000020693260

06/09/03--01087--023 **297.50

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

02-03

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DOCUMENT # N01000005395
1. Entity Name
Cleveland Clinic Florida Foundation, Nonprofit
Corporation

2. Principal Place of Business
2950 Cleveland Clinic Blvd.
Suite, Apt. #, etc.
City & State
Weston, FL
Zip
33331
Country
USA
3. Mailing Address
9500 Euclid Ave., TT-33
Suite, Apt. #, etc.
Office of General Counsel
City & State
Cleveland, OH
Zip
44195
Country
USA

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Andrew Service Corporation of Florida
Street Address (P.O. Box Number is Not Acceptable)
201 N. Franklin Street, Suite 2100
City Tampa FL Zip Code
33602-5164

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.

SIGNATURE

Anneth M. Myers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/03
DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Moon, Harry K., M.D. Delete 6101 Pine Ridge Road Naples, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frank L. Lordeman Chief Operating Officer 9500 Euclid Ave., H-18 Cleveland, OH 44195
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David W. Rowan Secretary 9500 Euclid Avenue, TT-33 Cleveland, OH 44195
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A. Malachi Mixon, III Trustee 9500 Euclid Avenue, H-18 Cleveland, OH 44195
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Floyd D. Loop, M.D. Trustee 9500 Euclid Ave, H-18, Cleve, OH

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David W. Rowan

David W. Rowan, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)