

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90006 040 \*\*\*\*61.25

**DOCUMENT # N36505**

1. Entity Name  
**CLEVELAND CLINIC FLORIDA HOSPITAL (A NONPROFIT CORPORATION)**



Principal Place of Business  
**3100 WESTON ROAD  
WESTON, FL 33331**

Mailing Address  
**9500 EUCLID AVE., TT-33  
ATTN: LISA MAHER  
CLEVELAND, OH 44195**

**54056111**



2. Principal Place of Business

3. Mailing Address  
**9500 Euclid Ave., TT-33**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Attn: Kerrie Kizner**

03112003

Chg-NP

CR2E037 (10/03)

City & State

City & State  
**CCleveland, OH**

4. FEI Number

**65-0172168**

Applied For

Not Applicable

Zip

Country

Zip  
**44195**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDREW SERVICE CORPORATION OF FLORIDA  
201 SOUTH BISCAYNE BLVD.  
SUITE 2900  
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
**CEO  
ESTES, MELINDA M.D.  
3100 WESTON ROAD  
WESTON, FL 33331** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Executive Director  
Howard Graman, M.D.  
3100 Weston Road  
Weston, FL 33331** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO  
O'BOYLE, MICHAEL  
9500 EUCLID AVE.  
CLEVELAND, OH 44195** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ROWAN, DAVID W  
9500 EUCLID AVE.  
CLEVELAND, OH 44195** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
KAY, ROBERT MD  
9500 EUCLID AVE  
CLEVELAND, OH 44195** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MIXON, A. MALACHI III  
9500 EUCLID AVE.  
CLEVELAND, OH 44195** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
LOOP, FLOYD D  
9500 EUCLID AVE  
CLEVELAND, OH 44195** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/17/04 216/444-2340**

Date

Daytime Phone #