2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2010
Secretary of State

DOCUMENT# N36505

Entity Name: CLEVELAND CLINIC FLORIDA HOSPITAL (A NONPROFIT CORPORATION)

Current Principal Place of Business:

3100 WESTON ROAD
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

ATTN: MAISHA GIBSON
3050 SCIENCE PARK DR.
BEACHWOOD, OH 44122

New Mailing Address:

FEI Number: 65-0172168 **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: CFO
Name: GLASS, STEVE C
Address: 9500 EUCLID AVENUE, H-18
City-St-Zip: CLEVELAND, OH 44195

Title: COO
Name: PEACOCK, WILLIAM
Address: 9500 EUCLID AVENUE, H-18
City-St-Zip: CLEVELAND, OH 44195

Title: S
Name: ROWAN, DAVID W
Address: 9500 EUCLID AVE., H-18
City-St-Zip: CLEVELAND, OH 44195

Title: T
Name: HAHN, JOSEPH F M.D.
Address: 9500 EUCLID AVENUE, H-18
City-St-Zip: CLEVELAND, OH 44195

Title: CEOT
Name: FERNANDEZ, BERNARDO B M.D.
Address: 2950 CLEVELAND CLINIC BLVD., H-18
City-St-Zip: WESTON, FL 33331

Title: CEOT
Name: COSGROVE, DELOS M M.D.
Address: 9500 EUCLID AVENUE H-18
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 S 04/16/2010

Electronic Signature of Signing Officer or Director — Date