

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 08 1996 8:00 am  
Secretary of State

DOCUMENT # N94000000210 (4)

1. Corporation Name

CLEVELAND CLINIC FLORIDA HEALTH CARE VENTURES A  
NONPROFIT CORPORATION

Principal Place of Business

Mailing Address

2950 WEST CYPRESS CREEK ROAD  
FORT LAUDERDALE FL 33309

9555 ROCKSIDE ROAD  
SUITE 300  
VALLEY VIEW OH 44125

3. Date Incorporated or Qualified  
01/13/1994

3a. Date of Last Report  
10/17/1995

2. Principal Place of Business

2a. Mailing Address

21 5200 NW 33rd Ave.

25

4. FEI Number

65-0511486

Applied For

Not Applicable

22 Suite, Apt. #, etc.

22 Ste 109

27 Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

23 City & State

23 Ft. Lauderdale FL

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

24 Zip

24 33309

25 Country

25 Broward

29 Zip

29

30 Country

30

8. This corporation has liability for intangible tax under s. 199.032  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

A.G.C. CO.  
2300 SUN BANK CENTER  
ORLANDO FL 32801

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GORENSEK, MARGARET M.D.  
STREET ADDRESS 2950 W. CYPRESS CREEK ROAD, SUITE 300  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE D  
NAME HARRINGTON, DANIEL J  
STREET ADDRESS 9500 EUCLID AVENUE  
CITY-ST-ZIP CLEVELAND OH 44106

TITLE D  
NAME MIXON, A. MALACHI III  
STREET ADDRESS 9500 EUCLID AVENUE  
CITY-ST-ZIP CLEVELAND OH 44106

TITLE D  
NAME MOON, HARRY M.D.  
STREET ADDRESS 2950 W. CYPRESS CREEK ROAD, SUITE 300  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE CFO  
NAME HENTIERLY, KAREN  
STREET ADDRESS 9555 ROCKSIDE RD., SUITE 300  
CITY-ST-ZIP VALLEY VIEW OH 44125

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0018663

CR2E037 (3/96)