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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000000210 (4)

1. Corporation Name

CLEVELAND CLINIC FLORIDA HEALTH CARE VENTURES A
NONPROFIT CORPORATION



Principal Place of Business

Mailing Address

5200 N W 33RD AVE
SUITE 109
FT LAUDERDALE FL 33309
US

9555 ROCKSIDE ROAD
SUITE 300
VALLEY VIEW OH 44125-6231

3. Date Incorporated or Qualified
01/13/1994

3a. Date of Last Report
07/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

65-0511486

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 relistating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME HARRINGTON, DANIEL J
STREET ADDRESS 8500 EUCLID AVENUE
CITY-ST-ZIP CLEVELAND OH 44108

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MIXON, A. MALACHI III
STREET ADDRESS 9500 EUCLID AVENUE
CITY-ST-ZIP CLEVELAND OH 44108

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

TITLE CFO ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

5-1-97 (216) 447-8640

Date

Daytime Phone # 0078459

CP2E037 (9/96)