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May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**



3. Date Incorporated or Qualified

**01/13/1994**

4. FEI Number

**65-0511486**

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDREW SERVICE CORPORATION OF FLORIDA  
201 SOUTH BISCAYNE BLVD., SUITE 2900  
MIAMI CENTER  
MIAMI FL 33131-4330**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D HARRINGTON, DANIEL J**  
STREET ADDRESS **9500 EUCLID AVENUE**  
CITY-ST-ZIP **CLEVELAND OH 44108**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

*Sandra B. Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/98*

Date

*(216) 444-8640*

Daytime Phone # 0077927

CR2E037 (10/97)