


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90011 022 ****61.25

DOCUMENT # N96000004380 1. Entity Name CLEVELAND CLINIC FLORIDA HEALTH SYSTEM NONPROFIT CORPORATION					
Principal Place of Business 2950 CLEVELAND CLINIC BLVD. WESTON, FL 33331			Mailing Address 1950 RICHMOND ROAD, TR-38 ATTN: KERRIE KRIZNER LYNDHURST, OH 44124		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Attn: Maisha Gibson			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 3050 Science Park Dr AC321			
City & State		City & State Beachwood, OH			
Zip	Country	Zip 44122	Country Cuyahoga	4. FEI Number 65-0844880	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA 201 N FRANKLIN STREET SUITE 2100 TAMPA, FL 33602-5164				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 FERNANDEZ, BERNARDO MD 2950 CLEVELAND CLINIC BLVD. WESTON, FL 33331	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO and Trustee Cosgrove, Delos M.
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOT O'BOYLE, MICHAEL 9500 EUCLID AVENUE CLEVELAND, OH 44195	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Joseph F. Hahn, M.D. 9500 Euclid Avenue Cleveland, OH 44195
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROWAN, DAVID W 9500 EUCLID AVE. CLEVELAND, OH 44195	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee David Strand 9500 Euclid Avenue Cleveland, OH 44195
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MEEHAN, MICHAEL J 9500 EUCLID AVE. CLEVELAND, OH 44195	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT GLASS, STEVEN C 9500 EUCLID AVE. CLEVELAND, OH 44195
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CAMPBELL, SCOTT 2950 CLEVELAND CLINIC BLVD. WESTON, FL 33331	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CAMPBELL, SCOTT 2950 CLEVELAND CLINIC BLVD. WESTON, FL 33331
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or without other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/21/2008 (216) 444-3441 <small>Date Daytime Phone #</small>		