2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



Principal Place of Business 2950 CLEVELAND CLINIC BLVD

1. Entity Name

DOCUMENT # N96000004380

CLEVELAND CLINIC FLORIDA HEALTH SYSTEM NONPROFIT CORPORATION

Mailing Address

1950 RICHMOND ROAD, TR-38

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

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

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WESTON, FL		, 00.40.	ATTN: KERRIE KRIZNER LYNDHURST, OH 44124												
			At	3. Mailing Address Attn: Maisha Gibson											
Suite, Apl. #, etc.			3050 Science Park Dr				321	03102008	Chg	-NP	CR2E	(12/06)			
City & State			City & State Beachwood, OH					4. FEI Num 65-08	_{ber} 44880				oplied For ot Applicable		
Zip Country			44122 Ct			ountry yahoga		5. Certificate of Status Desired \$8.75 Additional Fee Required							
	6. Name	and Address of Current	Registere	d Agent				7. Name ar	d Addre	ss of New	Registere	d Agent			
ANDREW SERVICE CORPORATION OF FLORIDA 201 N FRANKLIN STREET				DA	A			Name Street Address (P.O. Box Number is Not Acceptable)							
SUITE 210 TAMPA, F															
TAMPA, FL 33602-5164								:		· -	F	L Zip Coo	e		
	tions of regist	y submits this statement fo ered agent. or printed name of registered agent						ed agent, or b	oth, in the	e State of F	Florida. Fa		and accept		
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State							
10. OFFICERS AND DIREC				CTORS 11.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
10.		OFFICERS AND DIF	RECTORS		11.		Ā	DDITIONS/C	HANGES	TO OFFIC	ERS AND	DIRECTORS IN	I 10		
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12. Thereby 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 all other like expowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(216) 444-3441