

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004380

FILED  
Apr 16, 2010  
Secretary of State

**Entity Name:** CLEVELAND CLINIC FLORIDA HEALTH SYSTEM NONPROFIT CORPORATION

**Current Principal Place of Business:**

2950 CLEVELAND CLINIC BLVD.  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: MAISHA GIBSON  
3050 SCIENCE PARK DR AC 321  
BEACHWOOD, OH 44122

**New Mailing Address:**

FEI Number: 65-0844880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CEOT  
Name: FERNANDEZ, BERNARDO MD  
Address: 2950 CLEVELAND CLINIC BLVD.  
City-St-Zip: WESTON, FL 33331

Title: CFOT  
Name: GLASS, STEVEN C  
Address: 9500 EUCLID AVE. H-18  
City-St-Zip: CLEVELAND, OH 44195

Title: CEOT  
Name: COSGROVE, DELOS M.M.D.  
Address: 9500 EUCLID AVENUE H-18  
City-St-Zip: CLEVELAND, OH 44195

Title: T  
Name: HAHN, JOSEPH F M.D.  
Address: 9500 EUCLID AVENUE, H-18  
City-St-Zip: CLEVELAND, OH 44195

Title: ST  
Name: ROWAN, DAVID W  
Address: 9500 EUCLID AVENUE, H-18  
City-St-Zip: CLEVELAND, OH 44195

Title: COOT  
Name: PEACOCK, WILLIAM  
Address: 9500 EUCLID AVENUE, H-18  
City-St-Zip: CLEVELAND, OH 44195

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID W. ROWAN

ST

04/16/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date