

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004380

FILED
Feb 27, 2012
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:

2950 CLEVELAND CLINIC BLVD.
ATTN: BARBARA DELCASTILLO
WESTON, FL 33331

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

02/27/2012

Electronic Signature of Signing Officer or Director

_____ Date