2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2015
Secretary of State
CC2641881859

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Entity Name: CLEVELAND CLINIC FLORIDA FOUNDATION, NONPROFIT CORPORATION

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 65-1133985

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title	CEOT
Name	COSGROVE, DELOS M M.D.
Address	9500 EUCLID AVENUE NA-4
City-State-Zip:	CLEVELAND OH 44195

Title	CFOT
Name	GLASS, STEVEN C
Address	9500 EUCLID AVE
City-State-Zip:	CLEVELAND OH 44195

Title	T
Name	DONLEY, BRIAN M.D.
Address	9500 EUCLID AVENUE, NA-4
City-State-Zip:	CLEVELAND OH 44195

Title	ST
Name	ROWAN, DAVID
Address	9500 EUCLID AVE, NA-4
City-State-Zip:	CLEVELAND OH 44195

Title	CEOT
Name	BARSOUM, WAEL M.D.
Address	2950 CLEVELAND CLINIC BLVD.
City-State-Zip:	WESTON FL 33331

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 SECRETARY 02/20/2015

Electronic Signature of Signing Officer/Director Detail — Date