

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005395

Entity Name: CLEVELAND CLINIC FLORIDA FOUNDATION, NONPROFIT CORPORATION**Current Principal Place of Business:**9500 EUCLID AVENUE, NA4
CLEVELAND, OH 44195**Current Mailing Address:**9500 EUCLID AVENUE, NA4
CLEVELAND, OH 44195 US**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:** JAYNA NICKELL, ASSISTANT SECRETARY**04/28/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	DEL CASTILLO, ESQ. BARBARA
Address	2950 CLEVELAND CLINIC BLVD.
City-State-Zip:	WESTON FL 33331

Title	DIRECTOR, VP
Name	IANNOTTI, MD, PHD, JOSEPH
Address	9500 EUCLID AVENUE, NA4
City-State-Zip:	CLEVELAND OH 44195

Title	DIRECTOR
Name	CATO, DAVID
Address	9500 EUCLID AVENUE, NA4
City-State-Zip:	CLEVELAND OH 44195

Title	DIRECTOR, TREASURER
Name	LONGVILLE, TIMOTHY L.
Address	9500 EUCLID AVENUE, NA4
City-State-Zip:	CLEVELAND OH 44195

Title	DIRECTOR, PRESIDENT
Name	DELANEY, MD, PHD, CONOR
Address	9500 EUCLID AVENUE, NA4
City-State-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: DEL CASTILLO, ESQ. BARBARA**SECRETARY****04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date