

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000003838

Entity Name: CLEVELAND CLINIC FLORIDA PHARMACY SERVICES
NONPROFIT CORPORATION

Current Principal Place of Business:

2950 CLEVELAND CLINIC BOULEVARD
WESTON, FL 33331

Current Mailing Address:

2950 CLEVELAND CLINIC BOULEVARD
WESTON, FL 33331

FEI Number: 46-2633774

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 SD
Name DEL CASTILLO, BARBARA
Address 2950 CLEVELAND CLINIC
BOULEVARD
City-State-Zip: WESTON FL 33331

Title DCFO
Name NILSSON, KEITH
Address 2950 CLEVELAND CLINIC
BOULEVARD
City-State-Zip: WESTON FL 33331

Title D
Name DELGADO, OSMEL
Address 2950 CLEVELAND CLINIC
BOULEVARD
City-State-Zip: WESTON FL 33331

Title DIRECTOR, PRESIDENT
Name BARSOUM, WEAL MD
Address 2950 CLEVELAND CLINIC
BOULEVARD
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: BARBARA DEL CASTILLO

SECRETARY

04/07/2017

Electronic Signature of Signing Officer/Director Detail

Date