

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004380

**FILED**  
**Apr 23, 2021**  
**Secretary of State**  
**8669559474CC**

**Entity Name:** CLEVELAND CLINIC WESTON HOSPITAL NONPROFIT CORPORATION

**Current Principal Place of Business:**

2950 CLEVELAND CLINIC BLVD.  
WESTON, FL 33331

**Current Mailing Address:**

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

**FEI Number: 65-0844880**

**Certificate of Status Desired: No**

**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

*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 DIRECTOR, CFO AND TREASURER, CCF  
Name GLASS, STEVEN C  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title ASSISTANT SECRETARY  
Name OBLANDER, R. JASON  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title SECRETARY  
Name ROWAN, DAVID W  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title CHIEF OF OPERATIONS, CCF  
Name PEACOCK, WILLIAM  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title GENERAL COUNSEL & ASSISTANT SECRETARY, FLORIDA  
Name DEL CASTILLO, BARBARA  
Address 2950 CLEVELAND CLINIC BLVD.  
City-State-Zip: WESTON FL 33331

Title PRESIDENT  
Name BLANDON, RODOLFO M.D.  
Address 2950 CLEVELAND CLINIC BLVD.  
City-State-Zip: WESTON FL 33331

Title CHIEF ACCOUNTING OFFICER, CONTROLLER  
Name LONGVILLE, TIMOTHY  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title CFO, FLORIDA  
Name AGBA, C. OKEY  
Address 2950 CLEVELAND CLINIC BLVD.  
City-State-Zip: WESTON FL 33331

**Continues on page 2**

*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**

**04/23/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CHAIR, DIRECTOR  
Name MAROONE, MICHAEL  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR  
Name SALERNO, FREDERIC  
Address 2950 CLEVELAND CLINIC BLVD.  
City-State-Zip: WESTON FL 33331

Title DIRECTOR  
Name WEBB, THEORA "BUNNY"  
Address 2950 CLEVELAND CLINIC BLVD.  
City-State-Zip: WESTON FL 33331

Title DIRECTOR  
Name RICH, ROBERT E. JR.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR  
Name WEBER, ROBERT  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR  
Name IANNOTTI, JOSEPH M.D.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR  
Name MCDONALD, WILLIAM  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR  
Name HOCKMEYER, WAYNE PHD  
Address 2950 CLEVELAND CLINIC BLVD.  
City-State-Zip: WESTON FL 33331

Title DIRECTOR  
Name LICHTENBERGER, WILLIAM  
Address 2950 CLEVELAND CLINIC BLVD.  
City-State-Zip: WESTON FL 33331

Title DIRECTOR  
Name PETRAS, MICHAEL JR.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR  
Name SCOTT, HAROLD LEE  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR  
Name MIHALJEVIC, TOMISLAV M.D.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR  
Name MOONEY, BETH  
Address 9500 EUCLID AVENUE  
MAIL CODE NA4  
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR  
Name DELANEY, CONOR M.D.  
Address 2950 CLEVELAND CLINIC BLVD.  
City-State-Zip: WESTON FL 33331