

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004380

**FILED  
Apr 07, 2017  
Secretary of State  
CC3457967713**

**Entity Name:** CLEVELAND CLINIC FLORIDA HEALTH SYSTEM NONPROFIT CORPORATION

**Current Principal Place of Business:**

2950 CLEVELAND CLINIC BLVD.  
WESTON, FL 33331

**Current Mailing Address:**

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

**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 TRUSTEE, PRESIDENT  
Name BARSOU, WAEL MD  
Address 2950 CLEVELAND CLINIC BLVD.  
City-State-Zip: WESTON FL 33331

Title TRUSTEE, CFO AND TREASURER, CCF  
Name GLASS, STEVEN C  
Address 9500 EUCLID AVE. NA-4  
City-State-Zip: CLEVELAND OH 44195

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

Title TRUSTEE, CHIEF OF STAFF  
Name DONLEY, BRIAN G M.D.  
Address 9500 EUCLID AVENUE, NA-4  
City-State-Zip: CLEVELAND OH 44195

Title TRUSTEE, CHIEF LEGAL OFFICER & SECRETARY - CCF  
Name ROWAN, DAVID W  
Address 9500 EUCLID AVENUE, NA-4  
City-State-Zip: CLEVELAND OH 44195

Title CHIEF OF OPERATIONS, CCF  
Name PEACOCK, WILLIAM  
Address 9500 EUCLID AVENUE, NA-4  
City-State-Zip: CLEVELAND OH 44195

Title CFO, FLORIDA  
Name NILSSON, KEITH  
Address 2950 CLEVELAND CLINIC BLVD.  
City-State-Zip: WESTON FL 33331

Title GENERAL COUNSEL & ASSISTANT SECRETARY, FLORIDA  
Name DEL CASTILLO, BARBARA  
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**

**04/07/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TRUSTEE, CHIEF OF STAFF - FLORIDA  
Name ROSENTHAL, RAUL M.D.  
Address 2950 CLEVELAND CLINIC BLVD.  
City-State-Zip: WESTON FL 33331

Title CHIEF OF OPERATIONS, FLORIDA  
Name DELGADO, OSMEL  
Address 2950 CLEVELAND CLINIC BLVD.  
City-State-Zip: WESTON FL 33331