

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004380

FILED
Feb 28, 2014
Secretary of State
CC3267142537

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, CEO - FLORIDA
Name FERNANDEZ, BERNARDO MD
Address 2950 CLEVELAND CLINIC BLVD.
City-State-Zip: WESTON FL 33331

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

Title TRUSTEE, 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 - CCF
Name HAHN, JOSEPH F M.D.
Address 9500 EUCLID AVENUE, NA-4
City-State-Zip: CLEVELAND OH 44195

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

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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

02/28/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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