

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004380

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

**FILED**  
**Apr 21, 2023**  
**Secretary of State**  
**9369755380CC**

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

**PRESIDENT**

**04/21/2023**

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

\_\_\_\_\_  
Date