

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1995 JUN 27 PM 12:18
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # P33442 (5)
1. Corporation Name
**THE CLEVELAND CLINIC FOUNDATION, NONPROFIT CORPO
RATION**

Principal Place of Business Mailing Address
9500 EUCLID AVE. H-18 CLEVELAND OH 44195-5108

3. Date Incorporated or Qualified **04/05/1991** 3a. Date of Last Report **05/01/1994**
4. FEI Number **34-0714585** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Same 26 9500 Euclid Avenue
22 Suite, Apt. #, etc. 27 H-18 Attn: NRC
23 City & State 28 Cleveland, Ohio
24 Zip 25 Country 29 44195-5108 30 USA

9. Name and Address of Current Registered Agent
**A.G.C. CO.
2300 SUN BANK CENTER
200 S. ORANGE AVE.
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name Andrew Service Corporation of Florida
82 Street Address (P.O. Box Number is Not Acceptable) 201 South Biscayne Blvd., Suite 2900
83
84 City Miami, Florida FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Claudia M. Casey* **CLAUDIA M. CASEY** *President* **7/2/95**
Signature, typed or printed name of registered agent (and, if applicable, REGISTERED AGENT signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CT
NAME	SCHEY, RALPH E.
STREET ADDRESS	9500 EUCLID AVE. H-18
CITY - ST - ZIP	CLEVELAND OH 44195-5108
TITLE	PT
NAME	MODELL, ARTHUR B.
STREET ADDRESS	9500 EUCLID AVE. H-18
CITY - ST - ZIP	CLEVELAND OH 44195-5108
TITLE	Treasurer
NAME	ROBERTS, KEVIN R.
STREET ADDRESS	9500 EUCLID AVE. H-18
CITY - ST - ZIP	CLEVELAND OH 44195-5108
TITLE	S
NAME	GRIFFITH, PAMELA BLODGETTE
STREET ADDRESS	9500 EUCLID AVE. H-18
CITY - ST - ZIP	CLEVELAND OH 44195-5108
TITLE	T
NAME	SHERWIN, JOHN
STREET ADDRESS	9500 EUCLID AVE. H-18
CITY - ST - ZIP	CLEVELAND OH 44195-5108
TITLE	T
NAME	CONWAY, WILLIAM E.
STREET ADDRESS	9500 EUCLID AVE. H-18
CITY - ST - ZIP	CLEVELAND OH 44195-5108

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	ST
43 STREET ADDRESS	Ralph A. Straffon, M.D.
44 CITY - ST - ZIP	9500 Euclid Avenue, H-18 Cleveland, Ohio 44195-5108
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: *Ralph A. Straffon* **By: RALPH A. STRAFFON** **6/26/95** **216/444-2340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Article 17, Form 8)