

**FILE NOW: FILING FEE IS \$61.25,**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Jun 21 1996 8:00 am  
Secretary of State

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



Principal Place of Business: **9500 EUCLID AVE. H-18 CLEVELAND OH 44195-5108**  
Mailing Address: **9500 EUCLID AVE H-18 ATTN: NRC CLEVELAND OH 44195-5108 US**

3. Date Incorporated or Qualified: **04/05/1991**  
3a. Date of Last Report: **07/20/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b> Suite, Apt. #, etc.	<b>26</b> <b>9500 Euclid Avenue</b>	<b>34-0714585</b>	Not Applicable
<b>22</b> City & State	<b>27</b> <b>H-18 Attn: NRC</b>	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	<b>28</b> <b>Cleveland, Ohio</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>24</b> Country	<b>29</b> <b>44195-5108</b>	<b>30</b> <b>Cuyahoga</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ANDREW SERVICE CORPORATION OF FLORIDA 201 S BISCAYNE BLVD STE 2900 MIAMI FL 33131</b>		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
		<b>83</b>	
		<b>84</b> City	<b>FL</b>
			<b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>AST</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHEY, RALPH E.</b>	1.2 NAME	<b>Gene D. Altus</b>
STREET ADDRESS	<b>9500 EUCLID AVE. H-18</b>	1.3 STREET ADDRESS	<b>9500 Euclid Avenue/H18</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44195-5108</b>	1.4 CITY-ST-ZIP	<b>Cleveland, OH 44195-5108</b>
TITLE	<b>PT</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>PT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MODELL, ARTHUR B.</b>	2.2 NAME	<b>Lerner, Alfred</b>
STREET ADDRESS	<b>9500 EUCLID AVE. H-18</b>	2.3 STREET ADDRESS	<b>9500 Euclid Ave., H-18</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44195-5108</b>	2.4 CITY-ST-ZIP	<b>Cleveland, Ohio 44195-5108</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, KEVIN R.</b>	3.2 NAME	
STREET ADDRESS	<b>9500 EUCLID AVE. H-18</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEVELAND OH 44195-5108</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRAFFON, RALPH A MD</b>	4.2 NAME	
STREET ADDRESS	<b>9500 EUCLID AVE H-18</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEVELAND OH</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHERWIN, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>9500 EUCLID AVE. H-18</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEVELAND OH 44195-5108</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>200001871552</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONWAY, WILLIAM E.</b>	6.2 NAME	<b>-06/21/96--01091--003</b>
STREET ADDRESS	<b>9500 EUCLID AVE. H-18</b>	6.3 STREET ADDRESS	<b>***70.00</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44195-5108</b>	6.4 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 119.07(3)(k), 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 address.

SIGNATURE: By: Gene D. Altus **Gene D. Altus, Assistant Secretary**  
Date: **5/31/96** Daytime Phone #: **216444-3778**

CR2E037 (12/95)