


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90006 038 ****61.25

DOCUMENT # P33442			
1. Entity 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, TT-33 ATTN: LISA MAHER CLEVELAND, OH 44195 US	
2. Principal Place of Business		3. Mailing Address 9500 Euclid Ave., TT-33	
Suite, Apt. #, etc. /		Suite, Apt. #, etc. Attn: Kerrie Krizner	
City & State		City & State Cleveland, OH	
Zip	Country	Zip	Country
44195	USA	44195	USA
5. Certificate of Status Desired <input type="checkbox"/>		5. FEI Number 34-0714585	
		Applied For Not Applicable	
		05172004 Chg-NP CR2E037 (10/03)	
\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ANDREW SERVICE CORPORATION OF FLORIDA 201 S BISCAYNE, BLVD SUITE 2100 TAMPA, FL 33602		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT MIXON, A. MALACHI III 9500 EUCLID AVENUE CLEVELAND, OH 44195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO O'BOYLE, MICHAEL 9500 EUCLID AVE. CLEVELAND, OH 44195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROWAN, DAVID W 9500 EUCLID AVENUE CLEVELAND, OH 44195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LOOP, FLOYD D 9500 EUCLID AVE H-18 CLEVELAND, OH 44195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MINNAUGH, MICHAEL 9500 EUCLID AVE CLEVELAND, OH 44195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		5/17/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		216/444-2340	
		Daytime Phone #	

54056113



Attachment

54056113

THE CLEVELAND CLINIC
FOUNDATION 

Kerrie A. Krizner
Senior Paralegal
Office of General Counsel
Mail Code TT33
Office: 216/444-8709
Fax: 216/445-7732
E-mail: kriznek@ccf.org

May 25, 2004

VIA CERTIFIED MAIL –
RETURN RECEIPT

Florida Secretary of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Annual Reports

Dear Sir or Madam:

Enclosed please find the following Annual Reports and filings fees:

- 1) The Cleveland Clinic Foundation, Nonprofit Corporation
Document # P33442
Check No.: 1025264
Amount: \$61.25
- 2) Cleveland Clinic Florida (A Nonprofit Corporation)
Document # N21536
Check No.: 1025260
Amount: \$61.25
- 3) Cleveland Clinic Florida Hospital (A Nonprofit Corporation)
Document # N36505
Check No.: 1025261
Amount: \$61.25
- 4) Cleveland Clinic Florida Hospital Naples Non Profit Corporation
Document # N96000004380
Check No.: 1025262
Amount: \$61.25

Attachment

54052d13

May 25, 2004

Page 2

- 5) Cleveland Clinic Florida Foundation, Nonprofit Corporation
Document # N01000005395
Check No.: 1025263
Amount: \$61.25

- 6) Cleveland Clinic Home Care Services, Inc.
Document # P39059
Check No.: 1025265
Amount: \$550.00

Should you have any questions concerning these filings, please direct them to my attention. Lisa Maher, the contact identified on the original filing, is no longer with this office. Please direct all future correspondence and notices to my attention at 9500 Euclid Avenue, TT-33, Cleveland, Ohio 44195. My phone is 216/444-8709 or you may contact me by e-mail at kriznek@ccf.org.

Sincerely,



Kerrie A. Krizner
Paralegal
Office of General Counsel

Enclosures