


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90031 040 ****61.25

DOCUMENT # P33442

1. Entity Name
THE CLEVELAND CLINIC FOUNDATION, NONPROFIT CORPORATION



Principal Place of Business
**9500 EUCLID AVENUE, H-18
 CLEVELAND, OH 44124**

Mailing Address
**1950 RICHMOND ROAD, TR-38
 ATTN: KERRIE A KRIZNER
 LYNDHURST, OH 44124**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



03072005 Chg-NP CR2E037 (10/03)

4. FEI Number
34-0714585

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ANDREW SERVICE CORPORATION OF FLORIDA
 201 S BISCAYNE BLVD
 SUITE 2100
 TAMPA, FL 33602**

7. Name and Address of New Registered Agent
 Name
Andrew Service Corporation of Florida
 Street Address (P.O. Box Number is Not Acceptable)
201 N. Franklin Street
 Suite 2100
 City Tampa FL Zip Code 33602

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 **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
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	CFO O'BOYLE, MICHAEL 9500 EUCLID AVE. CLEVELAND, OH 44195 <input type="checkbox"/> Delete
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	CEO LOOP, FLOYD D 9500 EUCLID AVE H-18 CLEVELAND, OH 44195 <input checked="" type="checkbox"/> Delete
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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/T Delos M. Cosgrove, M.D. 9500 Euclid Avenue, H-18 Cleveland, Ohio 44195 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Frank L. Lordeman 9500 Euclid Avenue, H-18 Cleveland, Ohio 44195 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Michael J. Meehan 9500 Euclid Avenue, TR-38 Lyndhurst, Ohio 44124 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: _____ DATE: **3/14/05** DAYTIME PHONE #: **216/297-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR