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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 APR 28 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04132006 Chg-NP CR2E037 (11/05)

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 34-0714585	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 N. FRANKLIN STREET 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	CT	<input type="checkbox"/> Delete	TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIXON, A. MALACHI III		NAME	Michael P. O'Boyle	
STREET ADDRESS	9500 EUCLID AVENUE		STREET ADDRESS	9500 Euclid Avenue	
CITY- ST- ZIP	CLEVELAND, OH 44195		CITY- ST- ZIP	Cleveland, OH 44195	
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BOYLE, MICHAEL		NAME	Steven C. Glass	
STREET ADDRESS	9500 EUCLID AVE.		STREET ADDRESS	9500 Euclid Avenue	
CITY- ST- ZIP	CLEVELAND, OH 44195		CITY- ST- ZIP	Cleveland, OH 44195	
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWAN, DAVID W		NAME		
STREET ADDRESS	9500 EUCLID AVENUE		STREET ADDRESS		
CITY- ST- ZIP	CLEVELAND, OH 44195		CITY- ST- ZIP		
TITLE	CEOT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSGROVE, DELOS M M.D.		NAME		
STREET ADDRESS	9500 EUCLID AVENUE, H-18		STREET ADDRESS	500072738785	
CITY- ST- ZIP	CLEVELAND, OH 44195		CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINNAUGH, MICHAEL		NAME		
STREET ADDRESS	9500 EUCLID AVE		STREET ADDRESS		
CITY- ST- ZIP	CLEVELAND, OH 44195		CITY- ST- ZIP		
TITLE	COO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORDEMAN, FRANK L		NAME		
STREET ADDRESS	9500 EUCLID AVENUE, H-18		STREET ADDRESS		
CITY- ST- ZIP	CLEVELAND, OH 44195		CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		4/19/06		216/444-3197	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Telephone #	



CORPORATION SERVICE COMPANY

25822

ACCOUNT NO. : 072100000032
REFERENCE : 069831 7402817
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 70.00

ORDER DATE : April 27, 2006
ORDER TIME : 8:47 AM
ORDER NO. : 069831-040
CUSTOMER NO: 7402817

ANNUAL REPORT FILING

NAME: THE CLEVELAND CLINIC
FOUNDATION, NONPROFIT
CORPORATION

RECEIVED
06 APR 28 AM 10:45
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young-EXT#2962

EXAMINER'S INITIALS: _____