

1 of 2

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED

07 APR 30 AM 9: 31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




03192007 Chg-NP CR2E037 (12/06)

4. FEI Number **34-0714585** Applied For  Not Applicable

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

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**6. Name and Address of Current Registered Agent**

**ANDREW SERVICE CORPORATION OF FLORIDA  
201 N. FRANKLIN STREET  
SUITE 2100  
TAMPA, FL 33602**

**7. Name and Address of New Registered Agent**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	CT	<input type="checkbox"/> Delete
NAME	MIXON, A. MALACHI III	
STREET ADDRESS	9500 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND, OH 44195	
TITLE	COO	<input type="checkbox"/> Delete
NAME	O'BOYLE, MICHAEL	
STREET ADDRESS	9500 EUCLID AVE.	
CITY-ST-ZIP	CLEVELAND, OH 44195	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROWAN, DAVID W	
STREET ADDRESS	9500 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND, OH 44195	
TITLE	CEOT	<input type="checkbox"/> Delete
NAME	COSGROVE, DELOS M M.D.	
STREET ADDRESS	9500 EUCLID AVENUE, H-18	
CITY-ST-ZIP	CLEVELAND, OH 44195	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MINNAUGH, MICHAEL	
STREET ADDRESS	9500 EUCLID AVE	
CITY-ST-ZIP	CLEVELAND, OH 44195	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	GLASS, STEVEN C	
STREET ADDRESS	9500 EUCLID AVENUE, H-18	
CITY-ST-ZIP	CLEVELAND, OH 44195	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J. Meehan	
STREET ADDRESS	1950 Richmond Rd., TR-38	
CITY-ST-ZIP	Lyndhurst; OH 44124	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100099892511

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:** David W Rowan **216-297-7071**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

20f2

ACCOUNT NO. : 072100000032
REFERENCE : 864362 7402817
AUTHORIZATION : [Signature]
COST LIMIT : \$ 61.25

ORDER DATE : April 23, 2007
ORDER TIME : 12:36 PM
ORDER NO. : 864362-035
CUSTOMER NO: 7402817

ANNUAL REPORT FILING

NAME: THE CLEVELAND CLINIC FOUNDATION

RECEIVED DEPARTMENT OF STATE DIVISION OF CORPORATIONS 2007 APR 30 PM 3:19

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: