



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90011 027 \*\*\*\*61.25

<b>DOCUMENT # P33442</b>			
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.		Attn: <u>Maisha Gibson</u> Suite, Apt. #, etc. <u>3050 Science Park Dr.,</u>	
City & State		City & State <u>Beachwood, OH AC321</u>	
Zip		Zip <u>44122</u>	
Country		Country <u>Cuyahoga</u>	
4. FEI Number <u>34-0714585</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> 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 <b>FL</b> 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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	COO O'BOYLE, MICHAEL 9500 EUCLID AVE. CLEVELAND, OH 44195 <input checked="" 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	Secretary Rowan, David W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9500 Euclid Avenue Cleveland, OH 44194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOT COSGROVE, DELOS M M.D. 9500 EUCLID AVENUE, 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	AS MEEHAN, MICHAEL J 1950 RICHMOND ROAD, TR-38 LYNDHURST, OH 44124 <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 GLASS, STEVEN C 9500 EUCLID AVENUE, H-18 CLEVELAND, OH 44195 <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 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: 		4/21/2008 (216) 444-3441	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	