

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33442

FILED
Feb 27, 2012
Secretary of State

Entity Name: THE CLEVELAND CLINIC FOUNDATION, NONPROFIT CORPORATION

Current Principal Place of Business:

9500 EUCLID AVENUE
H-18
CLEVELAND, OH 44195

New Principal Place of Business:

Current Mailing Address:

9500 EUCLID AVENUE
H-18
CLEVELAND, OH 44195

New Mailing Address:

FEI Number: 34-0714585 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD
Name: RICH, ROBERT E JR.
Address: 9500 EUCLID AVENUE
City-St-Zip: CLEVELAND, OH 44195

Title: S
Name: ROWAN, DAVID W
Address: 9500 EUCLID AVENUE
City-St-Zip: CLEVELAND, OH 44194

Title: D
Name: HAHN, JOSEPH F MD
Address: 9500 EUCLID AVENUE
City-St-Zip: CLEVELAND, OH 44195

Title: CEOD
Name: COSGROVE, DELOS M M.D.
Address: 9500 EUCLID AVENUE, H-18
City-St-Zip: CLEVELAND, OH 44195

Title: COO
Name: WILLIAM, PEACOCK
Address: 9500 EUCLID AVENUE, H-18
City-St-Zip: CLEVELAND, OH 44195

Title: CFO
Name: GLASS, STEVEN C
Address: 9500 EUCLID AVENUE, H-18
City-St-Zip: CLEVELAND, OH 44195

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID W. ROWAN

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02/27/2012

Electronic Signature of Signing Officer or Director

_____ Date