

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90183 047 \*\*\*\*61.25

**DOCUMENT # P33442**



1. Entity Name  
**THE CLEVELAND CLINIC FOUNDATION, NONPROFIT CORPORATION**

Principal Place of Business

**9500 EUCLID AVE. H-18  
CLEVELAND OH 44195-5108**

Mailing Address

**9500 EUCLID AVE. TT-33  
ATTN: LISA MAHER  
CLEVELAND OH 44195  
US**

**11010218**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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  
STE 2900  
MIAMI FL 33131**

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  
**33602-5164**

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

*Jonathan M. Myers*

**4/21/03**

**FILE NOW: FEE IS \$61.25**

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	<b>MIXON, A. MALACHI III</b>	
STREET ADDRESS	<b>9500 EUCLID AVENUE</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44195</b>	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	<b>LERNER, ALFRED</b>	
STREET ADDRESS	<b>9500 EUCLID AVENUE</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44195</b>	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	<b>O'BOYLE, MICHAEL</b>	
STREET ADDRESS	<b>9500 EUCLID AVE.</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44195</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>ROWAN, DAVID W</b>	
STREET ADDRESS	<b>9500 EUCLID AVENUE</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44195</b>	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	<b>LOOP, FLOYD D</b>	
STREET ADDRESS	<b>9500 EUCLID AVE H-18</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44195</b>	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	<b>BOND, BRADLEY</b>	
STREET ADDRESS	<b>9500 EUCLID AVE</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44195</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	None	<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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Michael J. Minnaugh</b>	
STREET ADDRESS	<b>Treasurer</b>	
CITY-ST-ZIP	<b>9500 Euclid Avenue, H-18 Cleveland, OH 44195</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Michael J. Meehan*

**REQUIRED** Michael J. Meehan, Assistant Secretary

CR2E037 (10/02)