

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33442

FILED
Apr 23, 2021
Secretary of State
5631315721CC

Entity Name: THE CLEVELAND CLINIC FOUNDATION, NONPROFIT CORPORATION

Current Principal Place of Business:

9500 EUCLID AVENUE
NA-4
CLEVELAND, OH 44195

Current Mailing Address:

9500 EUCLID AVENUE
NA-4
CLEVELAND, OH 44195 US

FEI Number: 34-0714585

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title DIRECTOR, CHAIRMAN - BOARD OF DIRECTORS AND BOARD OF TRUSTEES

Name MOONEY, BETH

Address 9500 EUCLID AVENUE, NA-4

City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR, CHIEF OF STAFF

Name RIDGEWAY, BERI MD

Address 9500 EUCLID AVENUE, NA-4

City-State-Zip: CLEVELAND OH 44195

Title CHIEF OF OPERATIONS

Name PEACOCK, WILLIAM III

Address 9500 EUCLID AVENUE, NA-4

City-State-Zip: CLEVELAND OH 44195

Title ASSISTANT SECRETARY

Name OBLANDER, R. JASON

Address 9500 EUCLID AVENUE, NA-4

City-State-Zip: CLEVELAND OH 44195

Title SECRETARY, CHIEF LEGAL OFFICER & CHIEF GOVERNANCE OFFICER

Name ROWAN, DAVID W

Address 9500 EUCLID AVENUE, NA-4

City-State-Zip: CLEVELAND OH 44194

Title DIRECTOR, CEO, PRESIDENT, CHAIR - BOARD OF GOVERNORS

Name MIHALJEVIC, TOMISLAV MD

Address 9500 EUCLID AVENUE, NA-4

City-State-Zip: CLEVELAND OH 44195

Title CFO, TREASURER

Name GLASS, STEVEN C

Address 9500 EUCLID AVENUE, NA-4

City-State-Zip: CLEVELAND OH 44195

Title RECORDING SECRETARY

Name MEEHAN, MICHAEL

Address 9500 EUCLID AVENUE, NA-4

City-State-Zip: CLEVELAND OH 44195

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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

SECRETARY

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT, OHIO HOSPITALS AND FAMILY HEALTH CENTERS
Name MALONE, DONALD A. JR., M.D.
Address 9500 EUCLID AVENUE
NA-4
City-State-Zip: CLEVELAND OH 44195

Title CHIEF RESEARCH AND ACADEMIC OFFICER
Name ERZURUM, SERPIL M.D.
Address 9500 EUCLID AVENUE
NA-4
City-State-Zip: CLEVELAND OH 44195

Title CHIEF CAREGIVER OFFICER
Name HANCOCK, K. KELLY DNP
Address 9500 EUCLID AVENUE
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City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR
Name POLLOCK, LAWRENCE I.
Address 9500 EUCLID AVENUE
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City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR
Name BENZ, K. MICHAEL
Address 9500 EUCLID AVENUE
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Title DIRECTOR
Name FEDELI, UMBERTO P.
Address 9500 EUCLID AVENUE
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Title DIRECTOR
Name ISHRAK, OMAR
Address 9500 EUCLID AVENUE
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Title DIRECTOR
Name KILBANE, CATHERINE M. ESQ.
Address 9500 EUCLID AVENUE
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Title DIRECTOR
Name KRAMER, RICHARD J.
Address 9500 EUCLID AVENUE
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City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR

Title CHIEF ACCOUNTING OFFICER AND CONTROLLER
Name LONGVILLE, TIMOTHY
Address 9500 EUCLID AVENUE
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Title ASST. SECRETARY
Name DAVIS, MARLEINA T.
Address 9500 EUCLID AVENUE
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Title DIRECTOR
Name PETRAS, MICHAEL B. JR.
Address 9500 EUCLID AVENUE
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Title DIRECTOR
Name AULETTA, PATRICK V.
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Title DIRECTOR
Name CRAWFORD, DEBORAH A.
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Title DIRECTOR
Name HOOVER, CAROLE F.
Address 9500 EUCLID AVENUE
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Title DIRECTOR
Name KEMPER, BETTY J. R.N.
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Title DIRECTOR
Name KOHL, STEWART A.
Address 9500 EUCLID AVENUE
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Title DIRECTOR
Name LERNER, NORMA
Address 9500 EUCLID AVENUE
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Title DIRECTOR

Name MACDONALD, WILLIAM E. III
Address 9500 EUCLID AVENUE
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Title DIRECTOR

Name MORINO, MARIO M.
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Title DIRECTOR

Name SCOTT, HAROLD
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Title DIRECTOR

Name VEGA, LORRAINE
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Title DIRECTOR

Name WEBER, ROBERT C. ESQ.
Address 9500 EUCLID AVENUE
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Title DIRECTOR, SENIOR BOG REPRESENTATIVE

Name ANDERSON, MICHAEL M.D.
Address 9500 EUCLID AVENUE
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Title DIRECTOR, SENIOR BOG REPRESENTATIVE

Name RIM, ALICE M.D.
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Name MAROONE, MICHAEL E.
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Title DIRECTOR

Name NANCE, FREDERICK R.
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Title DIRECTOR

Name STEVENS, MARK R.
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Title DIRECTOR

Name WALDRON, JOHN
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Title DIRECTOR

Name WEINBERG, RONALD E.
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Title DIRECTOR, SENIOR BOG REPRESENTATIVE

Name MAYS, MARYANN M.D.
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