### 2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33442

Entity Name: THE CLEVELAND CLINIC FOUNDATION, NONPROFIT

**CORPORATION** 

FILED
Mar 05, 2013
Secretary of State
CC3206509567

### **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	CD	Title	S

NameRICH, ROBERT EJR.NameROWAN, DAVID WAddress9500 EUCLID AVENUEAddress9500 EUCLID AVENUECity-State-Zip:CLEVELAND OH 44195City-State-Zip:CLEVELAND OH 44194

Title D Title CEOD

NameHAHN, JOSEPH FMDNameCOSGROVE, DELOS MM.D.Address9500 EUCLID AVENUEAddress9500 EUCLID AVENUE, H-18City-State-Zip:CLEVELAND OH 44195City-State-Zip:CLEVELAND OH 44195

Title COO Title CFO

Name WILLIAM, PEACOCK Name GLASS, STEVEN C

Address 9500 EUCLID AVENUE, H-18 Address 9500 EUCLID AVENUE, H-18
City-State-Zip: CLEVELAND OH 44195 City-State-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

**SECRETARY** 

03/05/2013