

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P33442

**FILED**  
**Jun 09, 2020**  
**Secretary of State**  
**2201039987CC**

**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 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, CHIEF OF STAFF  
Name WIEDEMANN, HERBERT MD  
Address 9500 EUCLID AVENUE, NA-4  
City-State-Zip: CLEVELAND OH 44195

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 CHIEF OF OPERATIONS  
Name PEACOCK, WILLIAM  
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 ASSISTANT SECRETARY  
Name OBLANDER, R. JASON  
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**

**06/09/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT, CLEVELAND CLINIC MAIN CAMPUS  
Name            SABANEKH, EDMUND MD  
Address        9500 EUCLID AVENUE  
                  NA-4  
City-State-Zip: CLEVELAND OH 44195

Title            CHIEF ACADEMIC OFFICER  
Name            YOUNG, JAMES MD  
Address        9500 EUCLID AVENUE  
                  NA-4  
City-State-Zip: CLEVELAND OH 44195

Title            CHIEF ACCOUNTING OFFICER AND  
                  CONTROLLER  
Name            LONGVILLE, TIMOTHY  
Address        9500 EUCLID AVENUE  
                  NA-4  
City-State-Zip: CLEVELAND OH 44195

Title            ASST. SECRETARY  
Name            DAVIS, MARLEINA T.  
Address        9500 EUCLID AVENUE  
                  NA-4  
City-State-Zip: CLEVELAND OH 44195