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Maisha Gibson Senior Paralegal / Law Department 216.448.0162 (direct dial) Gibsonm3@ccf.org

August 23, 2012

**VIA USPS** 

Jessica A: Fason, Regulatory Specialist II Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Cleveland Clinic Medical Services, Inc. – Letter Number 512A00020270

Dear Ms. Fason:

Per the enclosed letter from you regarding the "Application by Foreign Not for Profit Corporation for Authorization to Conduct Its Affairs in Florida," I am enclosing a certificate of good standing that was issued by the Ohio Secretary of State today for Cleveland Clinic Medical Services, Inc. I am also returning the original filing that was returned by you.

If you require any addition information or have any further questions, please contact me.

Maisha Gibson

**Enclosures** 

Sincerely.

## **COVER LETTER**

10:	Division of Corporations					
SUBJ	IECT:	Cleveland Cl	inic Medical Services	, Inc.		
		Name of Corpora	tion – must include suffix			
Dear S	Sir or Madam:					
"Certi	ficate of Existen		Standing" and check are subm	tion to Conduct its Affairs in Florida nitted to register the above referenced		
Please	return all corres	pondence concerning this m	natter to the following:			
	Maisha Gibson					
			Name of Person			
		The Cle	eveland Clinic Foundation	n		
	Firm/Company					
	3050 Science Park Drive					
	Mail Code AC-321					
			Address			
			achwood, OH 44122			
		C	ity/State and Zip Code			
		gibsonn	n3@ccf.org √			
	E-n	nail address: (to be used for	future annual report notificat	ion)		
For fu	rther informatior	concerning this matter, ple	ase call:			
	Maish	a Gibson at	( 216 ) 448	-0162		
		of Person	Area Code & Daytime Tel			
	MAILING AI New Filing Sec	ction	New Filing Se			
Division of Corporations P.O. Box 6327			Division of Corporations Clifton Building			
	Tallahassee, F			e Center Circle		
Enclos	sed is a check for	the following amount:				
<b>X</b> \$7	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy		

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1.	Cleveland Clinic Me	edical Service	es, Inc.				
i	Cleveland Clinic Me (Name of corporation: must include the word "INCORPORATE import in language as will clearly indicate that it is a corporation in the name at present. "Company" or "Co." may not be used as	D" or "CORPORA instead of a natur a corporate suffix	ATION" or words or abbreviations of like al person or partnership if not so contained by a nonprofit corporation.)				
2.	Ohio 3		31-1562102				
-	Ohio (State or country under the law of which it is incorporated)	(FE	number, if applicable)				
4.	April 2, 1997  (Date of Incorporation)  5.		perpetual				
	(Date of Incorporation)	(Duration: Year	corp. will cease to exist or "perpetual")				
6	N/A						
Ů.	(Date first conducted affairs in Florida if prior to registration. See s	ections 617.1501 e	& 617.1502, F.S. to determine penalty liability.)				
7.	7. 9500 Euclid Avenue, Mail Code H-18, Cleveland, OH 44195						
	(Principal office address)						
	9500 Euclid Avenue, Mail Code	H-18. Clevela	and, OH 44195				
	9500 Euclid Avenue, Mail Code (Current m	ailing address)					
8.	Charitable/educational/scientific purposes to ber (Purpose(s) of corporation authorized in home state or country to	nefit/support T	he Cleveland Clinic Foundation				
(	(Purpose(s) of corporation authorized in home state or country t	be carried out in	the state of Florida)				
9.	Name and street address of Florida registered agent: (P.O.	Box NOT accer	otable)				
	or initial and anti-						
	Name: CT Corporation System						
Of	ffice Address: 1200 SOUTH PINE ISLAND ROAD	<u> </u>					
		•					
	PLANTATION (City)	, Florida	33324				
	(City)		(Zip Code)				
10	0. Registered agent's acceptance:						
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I							
fui	signatea in this application, I nereby accept the appointn rther agree to comply with the provisions of all statutes re	ent as registered clative to the pro	r agent and agree to act in this capacity. The per and complete performance of my duties,				
an	rther agree to comply with the provisions of all statutes read I am familiar with and accept the obligations of my pos	ition as register	ed agent.				
	·						
	App Meller (Registered ag	Joves.	Gilbert Asst Secretary				
	July bleer	C 00,00	, dileding the second				
	(Registered ag	ent's signature)					
	V						
11.	1. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application						
	the Department of State, by the Secretary of State or othe jurisdiction under the law of which it is incorporated.	er official having	custody of corporate records in the				
	Januarian and the land of milest it is most bounded.		•				

12. Names and addresses of officers and/or directors: A. DIRECTORS Chairman: Delos M. Cosgrove, M.D. Address: Vice Chairman: Joseph F. Hahn, M.D. Address: Director: William Peacock Address: Director: (See Attached for Additional Directors) Address: **B. OFFICERS** President: Delos M. Cosgrove, M.D. Address: Vice President; Joseph F. Hahn, M.D. (V.P. and Chief of Staff) Address: Secretary: (See Attached for Additional Officers) Address:\_\_\_\_ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

David W. Rowan, Secretary

(Typed or printed name and capacity of person signing application)

#### **ADDENDUM**

## State of Florida Division of Corporations

## Foreign Not-for-Profit Corporation Registration

Cleveland Clinic Medical Services, Inc.

### **Additional Directors:**

David W. Rowan Steven C. Glass

#### **Additional Officers:**

William Peacock – Chief of Operations Steven C. Glass – Chief Financial Officer & Treasurer Michael Harrington – Chief Accounting Officer & Controller John Fung, M.D., Ph.D. – Chief Medical Director David W. Rowan – Secretary Linda McHugh – Assistant Secretary

# United States of America State of Ohio Office of the Secretary of State

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CLEVELAND CLINIC MEDICAL SERVICES, INC., an Ohio not for profit corporation, Charter No. 974684, having its principal location in Cleveland, County of Cuyahoga, was incorporated on April 02, 1997 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 23rd day of August, A.D. 2012

**Ohio Secretary of State** 

Validation Number: V2012235A877F6