

Florida Department of State
 Division of Corporations
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**FOREIGN PROFIT/NONPROFIT CORPORATION
 UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER, INC**

Certificate of Status	1
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DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

2025 MAR 27 PM 5:23

APPROVED
 AND
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MS

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. University Hospitals Cleveland Medical Center, Inc.

(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio 3. (FET number, if applicable)
(State or country under the law of which it is incorporated)

4. 10/29/1987 5. 2/10/2030
(Date of Incorporation) (Date of duration, if other than perpetual)

6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 11000 Euclid Avenue, Cleveland, Ohio 44106
(Principal office street address)

3605 Warrensville Center Road, Shaker Heights, Ohio 44106
(Current mailing address, if different)

8. For remote workers residing in Florida and working for this entity. Purposes for payroll withholding and unemployment.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Corporate Creations Network, Inc.
Office Address: 801 US Highway 1
North Palm Beach, Florida 33408
(City) (Zip Code)

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AND
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10. 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 further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Rachel Kauffman

Rachel Kauffman, Special Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS

☐ Chairman Name: Antoniades Stathis, MPH
☐ Vice Chairman Address: 3605 Warrensville Center Road
☐ Director Shaker Heights, Ohio 44122
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: David Carr
☒ Vice Chairman Address: 3605 Warrensville Center Road
☐ Director Shaker Heights, Ohio 44122
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Bradley Bond
☐ Vice Chairman Address: 3605 Warrensville Center Road
☐ Director Shaker Heights, Ohio 44122
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Harlin Adelman
☐ Vice Chairman Address: 3605 Warrensville Center Road
☐ Director Shaker Heights, Ohio 44122
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☒ Chairman Name: William Priemer
☐ Vice Chairman Address: 3605 Warrensville Center Road
☐ Director Shaker Heights, Ohio 44122
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Andrew Kline
☐ Vice Chairman Address: 3605 Warrensville Center Road
☒ Director Shaker Heights, Ohio 44122
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Bradley Bond
DESIGNED BY: 86CDECS08705417
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
 14. Bradley Bond, Chief Financial Officer/ Treasurer
 (Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, 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 UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER, an Ohio not for profit corporation, Charter No. 711649, having its principal location in Cleveland, County of Cuyahoga, was incorporated on October 29, 1987 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 24th day of February, A.D. 2025.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202505201634