

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1 of 2

FILED

07 APR 30 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03192007 Chg-NP CR2E037 (12/06)

4. FEI Number **34-0714585** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA
201 N. FRANKLIN STREET
SUITE 2100
TAMPA, FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CT ☐ Delete
NAME MIXON, A. MALACHI III
STREET ADDRESS 9500 EUCLID AVENUE
CITY-ST-ZIP CLEVELAND, OH 44195

TITLE AS ☐ Change ☒ Addition
NAME Michael J. Meehan
STREET ADDRESS 1950 Richmond Rd., TR-38
CITY-ST-ZIP Lyndhurst, OH 44124

TITLE COO ☐ Delete
NAME O'BOYLE, MICHAEL
STREET ADDRESS 9500 EUCLID AVE.
CITY-ST-ZIP CLEVELAND, OH 44195

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME ROWAN, DAVID W
STREET ADDRESS 9500 EUCLID AVENUE
CITY-ST-ZIP CLEVELAND, OH 44195

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CEOT ☐ Delete
NAME COSGROVE, DELOS M M.D.
STREET ADDRESS 9500 EUCLID AVENUE, H-18
CITY-ST-ZIP CLEVELAND, OH 44195

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME MINNAUGH, MICHAEL
STREET ADDRESS 9500 EUCLID AVE
CITY-ST-ZIP CLEVELAND, OH 44195

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CFO ☐ Delete
NAME GLASS, STEVEN C
STREET ADDRESS 9500 EUCLID AVENUE, H-18
CITY-ST-ZIP CLEVELAND, OH 44195

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

100099892511

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David W Rowan

Date

Daytime Phone #

216-297-7071



CORPORATION SERVICE COMPANY

20f2

ACCOUNT NO. : 072100000032

REFERENCE : 864362 7402817

AUTHORIZATION :

COST LIMIT : \$ 61.25

ORDER DATE : April 23, 2007

ORDER TIME : 12:36 PM

ORDER NO. : 864362-035

CUSTOMER NO: 7402817

ANNUAL REPORT FILING

NAME: THE CLEVELAND CLINIC
FOUNDATION

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 APR 30 PM 3:19
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____