

P 33442

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Attu: Karen

*Backdate to 7/15
Please. Thanks!*

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REGISTERED AGENT CHANGE

THE CLEVELAND CLINIC FOUNDATION, NONPROFIT CORPORATI

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Ohio
_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: The Cleveland Clinic Foundation, Nonprofit Corporation
2. The principal office address: 3050 Science Park Drive, AC 321, Beachwood, OH 44122 Attn: Marsha Gibson
3. The mailing address (if different): _____

4. Date of incorporation/qualification: Apr. 05, 1991 Document number: P33442
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

ANDREW SERVICE CORPORATION OF FLORIDA
201 N. FRANKLIN STREET
TAMPA, FL 33602-5164

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

C T Corporation System
1200 South Pine Island Road
(P.O. Box NOT acceptable)
Plantation, FL 33324

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

David W. Rowan
(Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*


(Signature of Registered Agent)

6-4-08
(Date)

If signing on behalf of an entity: Samantha Jones
Assistant Secretary
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2B045 (8/05)

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