

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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07 APR 30 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03192007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P39059</b> 1. Entity Name <b>CLEVELAND CLINIC HOME CARE SERVICES, INC.</b>					
Principal Place of Business <b>9775 ROCKSIDE RD. STE 270 VALLEY VIEW, OH 44125</b>			Mailing Address <b>1950 RICHMOND ROAD, TR-38 ATTN: KERRIE KRIZNER LYNDHURST, OH 44124 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6801 Brecksville Rd.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Independence, OH</b>		City & State		4. FEI Number <b>34-1666844</b>	
Zip <b>44131</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANDREW SERVICE CORPORATION OF FLORIDA 201 N FRANKLIN ST SUITE 2100 TAMPA, FL 33602-5164</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CMD WALSH, T. DECLAN 9555 ROCKSIDE ROAD, STE 300 VALLEY VIEW, OH 44125</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO GLASS, STEVEN C 9500 EUCLID AVENUE CLEVELAND, OH 44195</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO O'BOYLE, MICHAEL 9500 EUCLID AVENUE CLEVELAND, OH 44195</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center; font-size: 1.2em;">200099892682</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ROWAN, DAVID W 9500 EUCLID AVENUE, H-18 CLEVELAND, OH 44195</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO COSGROVE, DELOS M 9500 EUCLID AVENUE, H-18 CLEVELAND, OH 44195</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MINNAUGH, MICHAEL J 9500 EUCLID AVENUE CLEVELAND, OH 44195</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			David W Rowan		216-297-7071 <small>Daytime Phone #</small>



CORPORATION SERVICE COMPANY

2082

ACCOUNT NO. : 072100000032

REFERENCE : 864362 7402817

AUTHORIZATION :

COST LIMIT : \$150.00

ORDER DATE : April 23, 2007

ORDER TIME : 12:35 PM

ORDER NO. : 864362-030

CUSTOMER NO: 7402817

ANNUAL REPORT FILING

NAME: CLEVELAND CLINIC HOME CARE  
SERVICES, INC.

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: \_\_\_\_\_

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